

SAVANAH STATE UNIVERSITY
 3219 College Street
 Savannah, GA 31404
Division of Academic Affairs
Overload Employment Request

This request is made by _____ Dean for the College of _____ and _____, Chair of the _____ Department. They are seeking approval for Professor _____, to receive compensation for teaching an overload during the Spring/Fall/Summer (circle 1) semester beginning _____ and ending _____.

Currently, Professor _____ teaching load is as follows:
Name

Course Prefix and Number	Course Title	Course Credits	Course Enrollment	Student Credit Hours (SCH)
TOTAL				

of Course Preps _____

Additional Course to be taught

Course Prefix and Number	Course Title	Course Credits	Course Enrollment	Student Credit Hours (SCH)	Salary	Account(s)
TOTAL						

Note: Independent Study – No compensation

Justification – Write a brief statement explaining why this request is made and the consequences of non-approval

Upon approval of this request, the University agrees to pay the faculty member for overload services rendered according to SSU's established salary guidelines for overloads. To ensure that the quality of instruction is not jeopardized, faculty members may be approved to teach only one overload per semester. Faculty members who have been given release time to complete special projects; etc will not be approved for overload pay.

Signed: _____
Faculty Member /Date

Signed: _____
Department Chair/Date

Signed: _____
Dean/Date

Signed: _____
Vice President for Academic Affairs/Date

Signed: _____
Budget Officer /Date

NOTE: This request is valid when all of the appropriate signatures have been properly affixed.

Form must be typed

Distribution: Human Resources Faculty Member Departmental Chair Dean Vice President for Academic Affairs Budget Office Payroll