

**REQUEST FOR TEACHING OVERLOAD
FULL- TIME FACULTY**

This form must be completed by any full-time faculty member requesting to teach any course for which Additional Compensation (*as defined in Appendix D of the Park University Collective Bargaining Agreement*) will be paid. Approval of overload will be based upon University need.

Faculty Member's Name _____

Request (*include the course number, course title, mode of delivery, and term which you are requesting to teach the overload course*) and provide a justification for the need to teach the overload:

Faculty Member's Signature

Date _____

Note: This form must be approved by the faculty member's Department Chair and Dean, and then forwarded to the Office of Academic Affairs.

Department Chair

Date _____

Dean

Date _____

Provost

Date _____