

Overload Approval Page

This overload approval page is being used in lieu of a separate contract.

A copy of the approved workload plan must be attached.

This form is for TT faculty only. (All NTTs are requested on a contract request form as additional pay.)

Faculty Member's Name:			
College:	Departm	Department:	
Quarter and academic year in wh	nich work is being complete	d:	
Number of workload units:	Year to c	date workload unit total:	
ate per Workload Unit (\$1,269):Overload		l contract pay:	
Funding Source:			
Brief description of the work bein	g performed for the overloa	ad:	
**************************************	***********	**************************************	
Faculty Member	 Date		
raculty interriber	Date		
Department Chair	Date		
Dean	Date	_	
Provost	 Date	_	

NOTE: If a faculty member's approved annual workload plan includes an overload assignment but is subsequently reduced to 45 or fewer workload units for the academic year, the faculty member's compensation for the remainder of the academic year will be adjusted as required to conform to the reduced workload plan. Such adjustment, if any, will be made as of the academic quarter in which it first appears that the annual workload plan has been reduced to 45 or fewer workload units for the year.

Central Washington University