



Faculty Workload Adjustment Request

(Form is not required for approved sabbaticals)

Faculty Member Name: _____

Tenured/Tenure-Track Course Load: _____ or NTTF Course Load: _____

Current Course Load: _____ Current Term: _____ Academic Year: _____

Requested Course Load: _____ Request Term: _____ Academic Year: _____

Purpose:

(Must be within same academic year)

** Courses in the Study Abroad program and courses taught at the South campus do not apply towards a faculty member's course load (should receive additional pay instead) **

If requesting an overload, please provide your reason/justification below:

Faculty Member Signature: _____

Program Director Signature: _____

NOTE: Requests are not in affect without Associate Dean approval. You will be notified of the decision

Off-load and Additional Course/Overload Requests

Grant Buyout or Term Reassignment Requests

HR Review:

Asst. Dean Review:

Associate Dean Approval:

Associate Dean Approval:

If overload, amount* approved: _____

Additional payments may not exceed a total of 10% of a faculty member's AY salary & includes ALL University sources.

Notes: