



The University of Georgia

Senior Vice President for Academic Affairs and Provost
Academic Fiscal Affairs

Request for Teaching Overload Compensation for Faculty

Must be submitted and approved prior to beginning of teaching overload

Date submitted _____

Employee's name _____

Last 4 digits of employee SSN _____

Name & Number Employee's Home Department _____

Name & Number Requesting Department (If different) _____

Employee's title and budget position number _____

Contract type: Academic Fiscal

List budgeted EFT for contract year:

Instruction _____ Research _____ Service _____ Administration _____ Other (explain) _____

Teaching assignments for year:

Fall _____

Spring _____

Course ID Credits Enrollment
(e.g. MGMT3000) *(Actual or Anticipated)*

Course ID Credits Enrollment
(e.g. MGMT3000) *(Anticipated)*

Are any courses co-taught? Yes No If yes, please explain below:

Overload request:	Course ID <i>(e.g. MGMT3000)</i>	Credits	Enrollment <i>(Anticipated)</i>
Fall semester	_____	_____	_____
Fall semester compensated overload teaching must be paid on the December monthly payroll			
Spring semester	_____	_____	_____
Spring semester compensated overload teaching must be paid on the May monthly payroll			
Computed compensation: # Credits for course x \$3,000	\$ _____		
Source of compensation: Account name	_____		
Account number	_____		

Date submitted _____

Employee's name

Last 4 digits of employee SSN

Please detail how each budgeted component of EFT will be met during the academic year overload course is taught:

Date submitted _____

Employee's name

Last 4 digits of employee SSN

Faculty member agreement:

I will perform the teaching overload work in addition to my normal workload for the compensation outlined above. I understand that this overload teaching assignment does not in any way relieve me of my obligation to fulfill my primary work assignment in full. I understand that the course must meet minimum enrollment requirements to be taught.

Faculty member signature & date

Requesting Department Head & Dean statement:

No other qualified faculty member is available to teach, as part of his/her budgeted teaching load, the course for which overload compensation is sought. We understand that the course must meet minimum enrollment requirements to be taught.

Requesting Department Head signature & date

Requesting Dean Head signature & date

Approved by:

Home Department Head signature & date

Home Dean Head signature & date

Sr. VP for Academic Affairs & Provost & date

After obtaining all signatures:

- ✓ This form should be returned to the requesting department
- ✓ The requesting department should forward the completed form to UGA Payroll
- ✓ The requesting department should submit the total amount indicated above on their monthly payroll as "special comp"

Source: UGA Academic Affairs Policy Manual, 1.07-7 Faculty Teaching Overload Compensation Policy

September 11, 2009