

Request for Overload Exception

Date:		
Name of Requester:	Phone:	
Name of Employee Receiving Overload:		
Org Code:	_ Project Code:	
Org Code/Project Code Name:		
Amount: \$ Payment Type	e: Single Mu	ultiple
Effective Date of Change Begin:	_	
Effective Date of Change End:	_	
The following categories are justification for an exc provide justification in the space provided below.	eption request. Please select a category a	and
Teaching of courses exceeding the cap with not interfere with basic course and/or work		does
Engaging in entrepreneurial or research acti	ivities	
Operating a camp or participating in a confe	erence/workshop	
Covering an emergent situation – immediate	e coverage is needed	
Teaching a course(s) during Winterim		
Additional justification for selected category:		
Completed forms should be attached to the online requ questions related to overload exceptions may be direct		
Approved by Department Chair:	Date:	
Approved by Dean/Director:	Date:	
Approved by Division Head:	Date:	
Approved by Chancellor:	Date:	