

FACULTY OVERLOAD REQUEST FORM

To request approval of Overload Compensation for Clemson employees, complete this form and submit it to your [HR Service Manager](#). *Note: Please be sure to complete pages 1 and 2 of this form.*

PAYING DEPARTMENT

(The Paying Department may also be the Primary Department)

Employee Legal Name: _____ Employee EMPLID: _____

Department Name: _____ Department Number: _____

CU Employee Job Record Number: _____

Employee Position Number: _____ Employee State Job Code: _____

Employee Current Annualized Salary(\$): _____

Normally Scheduled Work Hours (XX:XX a.m./p.m.) *From:* _____ *To:* _____

FLSA Status: Exempt Nonexempt FLSA Not Required FTE count (i.e., 0.75, 1.00): _____

Acct No./Chartfield /JED

Acct: _____ *Fund:* _____ *Dept:* _____ *Program:* _____ *Class:* _____ *Project:* _____

Office Address: _____ Phone Number: _____

Business Title: _____

Supervisor Name: _____ Supervisor EMPLID: _____

Description and Duration of Services to Be Performed:

DURATION OF SERVICES AND PROPOSED COMPENSATION

DATES (MM/DD/YYYY) *From:* _____ *To:* _____ **Total Hours:** _____

TIMES (XX:XX a.m./p.m.) *From:* _____ *To:* _____ **Total Hours Per Week:** _____

(Complete the [Alternate Schedule Form](#) if during normal work hours)

Gross Compensation (\$) : _____ **Total Compensation (\$)** : _____

Lump Sum Amount (\$) : _____

Pay Duration: *(Please check applicable box below)*

Fall Semester Spring Semester Academic Year (9MA) Full Year (12L) Summer

Other: _____

FACULTY OVERLOAD REQUEST FORM (Continued)

SIGNATURES

Employee Signature: _____ Date: _____
Supervisor Requesting Signature: _____ Date: _____
Authorized Requesting Signature: _____ Date: _____
Other Requesting Signature: _____ Date: _____
Provost/EVP Approval (if applicable): _____ Date: _____

SIGNATURES

Authorized Home Dept. Signature: _____ Date: _____

OHR USE ONLY BELOW THIS LINE

Approved	Denied	Comments:
FLSA for Additional Job: _____		
OHR Authorized Signature: _____		Date: _____

CAH Internal Approvals

Use the chart below to list additional courses that will be covered (if approved)

Course	Section	Projected Enrollment	Credit Hours
Course	Section	Projected Enrollment	Credit Hours
Course	Section	Projected Enrollment	Credit Hours
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Please use the space below to support your unit's need for this course, specifically explaining why full-time faculty and instructional staff cannot cover it inside their standard teaching load. Course overloads should not be part of your curricular plan, nor should they be standard departmental practice. Course overloads should only be requested for emergency course coverage

Budget Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditional Approval	<input type="checkbox"/> Office Space Available
Comments				

Signature

Date

Director of Finance & Chief of Staff Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditional Approval
Comments			

Signature

Date

Academic Planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditional Approval
Comments			

Signature

Date

Dean Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditional Approval
Comments			

Signature

Date