



The University of Georgia

Senior Vice President for Academic Affairs and Provost
Academic Fiscal Affairs

Tracking Number

Request for Temporary Teaching Overload Compensation for Faculty

Must be submitted and approved prior to beginning of teaching overload

Date submitted _____

Employee's name _____

Employee's 810 # _____

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 20__

Spring 20__

Course ID <small>(e.g. MGMT3000)</small>	Credits	Enrollment <small>(Actual or Anticipated)</small>	CRN	/	Course ID <small>(e.g. MGMT3000)</small>	Credits	Enrollment <small>(Anticipated)</small>	CRN
_____	_____	_____	_____	/	_____	_____	_____	_____
_____	_____	_____	_____	/	_____	_____	_____	_____
_____	_____	_____	_____	/	_____	_____	_____	_____

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

Overload request:

Course ID <small>(e.g. MGMT3000)</small>	Credits	Enrollment <small>(Anticipated)</small>	CRN
_____	_____	_____	_____

Fall semester 20__
must be paid by December monthly payroll

Spring semester 20__
must be paid by May monthly payroll

Will overload course be co-taught? Yes No If yes, please explain below:

Computed compensation: # Credits for course x \$3,000 \$ _____

Source of compensation: Account name _____
Account number _____

Date submitted _____

Employee's name

Employee's 810 #

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

Date submitted _____

Employee's name

Employee's 810 #

Academic Year and Fiscal Year Contract Addendum for Temporary Teaching Overload Compensation

Faculty member acceptance:

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. I accept the contract amendment under the terms set forth.

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 signature & date

Approved by:

Home Department Head signature & date

Home Dean signature & date

Sr. VP for Academic Affairs & Provost & date

After obtaining all signatures:

- ✓ The original 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