



Tracking Number

Request for Temporary Teaching Overload Compensation
Must be submitted and approved prior to beginning of teaching overload

Date submitted _____

Employee's name

Employee's UGAID #

Name & Number Employee's Home Department

Name & Number Requesting Department (If different)

Employee's title

Pay type: **Academic** **Fiscal**

List budgeted EFT for year:

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

Teaching assignments for year (if applicable):

Fall 20__

Spring 20__

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

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

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

Overload request:

Course ID <i>(e.g. MGMT3000)</i>	Credits	Enrollment <i>(Anticipated)</i>	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 \$ _____ \$ _____

Source of compensation: Chart String _____

Date submitted _____

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

Date submitted _____

Employee's name

Employee's UGAID #

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

Employee 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.

Employee signature & date

Requesting Department Head & Dean statement:

No other qualified faculty members 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:

Employee's Department Head signature & date

Employee's 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