



**UNIVERSITY OF
GEORGIA**
Academic Fiscal Affairs
Office of the Provost

Tracking Number

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

Date submitted _____

Employee's name

OneUSG Connect Employee ID

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
_____	_____	_____	_____

Service begin date _____

Service end date _____

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

Computed compensation: # Credits for course x \$ _____ \$ _____

Source of compensation: Combo code _____

Date submitted _____

Employee's name

OneUSG Connect Employee ID

Earning code:

OVL

SNF

SNS

OVL = Faculty: Teaching is already part of their EFT.

SNF = Faculty: EFT consists of duties other than teaching (e.g. Administration, Research, Public Service)

SNS = Staff: Do not hold faculty rank as part of their basic employment. Must be approved to teach by Faculty Affairs.

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

Date submitted _____

Employee's name

OneUSG Connect Employee ID

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. This is a one-time request.

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 submit the completed form via OneUSG Connect:
OneUSG Connect > Manager Self Service > Compensation and Stock > Request Supplemental Pay (attach form)