Overload Teaching Agreement

Academic Year:

					Fac	ulty Information				
Employee ID:				ame:		•	Dept/School:			
Title/Step:				nnua	l Salary:		Division:			
Course Load										
Regular										
Qrtr	Course # # !		Unit	Units Course Title						
Overload										
Qrtr Course # # Units Course Title (Note if course is to be taught at another UC)										
Overload Compensation										
Podium Rate # Podium				lium	ium Hours Total Overload			# APM 025		
(Hourly)						Compensation		consulting days u	sed	
Additional Justification										
Faculty Agreement										
I agree to fulfill my regular teaching, service, and research duties this academic year in addition to the overload assignment.										
I understand that I will not receive compensation for overload teaching if any of my regular or overload										
courses are cancelled. (This may result in a payback of overload earnings.)										
Employee Signature								Date		
Recommendation and Approval										
Department Chair								Date		
Dean								Date		
Executive Vice Chancellor – Academic Affairs								Date		
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