

# Overload Teaching Agreement

Academic Year:

Faculty Information		
Employee ID:	Name:	Dept/School:
Title/Step:	Annual Salary:	Division:

Course Load			
<i>Regular</i>			
Qtrr	Course #	# Units	Course Title

<i>Overload</i>			
Qtrr	Course #	# Units	Course Title (Note if course is to be taught at another UC)

Overload Compensation			
Podium Rate (Hourly)	# Podium Hours	Total Overload Compensation	# APM 025 consulting days used

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.)

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Employee Signature

\_\_\_\_\_

Date

Recommendation and Approval
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Department Chair

\_\_\_\_\_

Date

\_\_\_\_\_

Dean

\_\_\_\_\_

Date

\_\_\_\_\_

Executive Vice Chancellor – Academic Affairs

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Date