REQUEST FOR NON-CREDIT SUPPLEMENTAL SALARY –
Classified and Non-Classified Staff

Name of Staff:_____ Date:_____

Program/Unit Affiliation: _____ EBO:_____

Pay Grade of appointment/classification: _____ FTE _____

_____ Exempt ____ Non-Exempt (must be overtime pay)

Employee workload for the period in which overload is requested: _____

Course Title to be taught: _____
Dates to be taught: _____
Estimated time per week required for non-credit instruction: _____ (if applicable)
Location where course is taught: _____
Maximum Enrollment Allowed: _____
Professional Development Credentialing: CEU credits_____ PDHours _____CME _____
Other: (Explain) _____

Special qualifications or competence of employee:_____

Source and amount of overload compensation:
DA No.: _____ Overload Dollar Amount: _____Overload FTE _____

Pay Periods: _____

I hereby agree to provide this overload course and certify that provision of this overload course will not adversely affect my designated ____ FTE responsibilities.

_____
Employee Signature

APPROVAL: SIGNATURE DATE

Supervisor _____

Dean/Director _____

Unit EBO _____