

REQUEST FOR APPROVAL OF OVERLOAD PAYMENT
University of Maryland University College

Refer to UMUC Policy 420.31 for specific provisions and limitations of overload teaching or training.

Section I – General Information *To be completed by the employee*

Name: _____

Employee's department: _____

Department for which teaching or training will be provided: _____

If teaching:

Course(s) to be taught:

Semester(s): _____

Total number of semester hours: _____

Approvals in Sections II, IV, and V are required.

If training:

Description of training to be performed:
(Attach separate page if necessary.)

Date(s) training will be performed: _____

Total number of training hours: _____

Approvals in Sections III, IV, and V are required.

Amount to be paid: _____

Section II – Approvals for teaching

A. Employee's Unit Head:

I have reviewed the employee's request and recommend approval.

Unit Head Signature

Date

B. Head of Unit Receiving Services:

Receiving Unit Head Signature

Date

C. Provost *(only required if overload exceed 6 semester hours for 1 semester)*

Provost Approval

Date

****** OVER FOR ADDITIONAL SIGNATURES ******

Section III - Approvals for Training

A. Employee's Unit Head:

I have reviewed the employee's request and recommend approval.

Unit Head Signature

Date

B. Head of Unit Receiving Services:

Receiving Unit Head signature

Date

Section IV – Employee's Signature

I agree that the teaching or training to be performed will not interfere with my normal assigned duties. I further agree that if the teaching or training is to be performed during my normal work schedule, I will be required to use earned leave, subject to normal supervisory approval.

Employee Signature

Date