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