

Faculty Affairs

School of Medicine & Health Sciences

UNDSMHS : Education & Faculty Affairs :

Overload Request Form

(Must be approved at least 2 weeks prior to beginning the proposed overload activity)

Date:	
To:	Dean (SMHS) & Vice President for Health Affairs
From: (Department Chair)	
Department:	

RE: Overload Pay Request

In accordance with the UND Effort Reporting Policy – Institutional Base Salary, I am requesting approval for overload pay, not to exceed 20% of this faculty member's institutional base salary. The attached documentation explains why the overload is necessary and why no other solution, as an alternative to overload, is possible.

NOTE: For teaching overload, course details (course number, description, anticipated enrollment, delivery method, graduation requirements, etc.) must be included in the submitted accompanying documentation.

Faculty Member's Name:	
Brief Description of Overload Activity:	
Time Period of Overload Activity:	
Amount to be Earned:	

Department Chair	Date

RECOMMENDATIONS

Recommend Approval <input type="checkbox"/> Recommend Disapproval <input type="checkbox"/>	
Associate Dean, Medicine/Research or Health Sciences	Date

Recommend Approval <input type="checkbox"/> Recommend Disapproval <input type="checkbox"/>	
Associate Dean, Education & Faculty Affairs	Date

APPROVAL

Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
VP, Health Affairs & SMHS Dean	Date

NOTE: This form must be accompanied by the Additional/Reduce payroll form, overload letter of understanding, a copy of the current percent of effort form (page 2 of contract), and required documentation.