

**PRAIRIE VIEW A&M UNIVERSITY**  
**OFFICE FOR ACADEMIC AFFAIRS**

**Request for Compensated Direct Teaching Overload**

College: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Rank: \_\_\_\_\_ Highest Degree: \_\_\_\_\_

Duration of Task or Activity: \_\_\_\_\_ Funding Source: \_\_\_\_\_  
 (Pay Period: 09/01/0000 – 01/15/0000 (Fall) – 01/16/0000 – 05/31/0000 (Spring))

Teaching Workload: course, semester hour value, student enrollment (e.g., ENGL 2153 – 3 sh – 45).

COURSE PREFIX Short Title	# of Credit Hours	Enrollment	Describe other assignment(s) if other than teaching workload
<b>OVERLOAD</b>			<b>COMPENSATION</b>
<b>TOTAL COMPENSATION</b>			

**EMPLOYEE CERTIFICATION**

I hereby certify that the above reference duties are in addition to my normal duties and will be performed outside of my normal work hours. I further certify that the additional duties will in no way interfere with the performance of my regular duties.

\_\_\_\_\_  
**Employee** **Date**

**DEPARTMENT HEAD CERTIFICATION**

I hereby certify that the additional duties to be performed by the above reference employee are outside his/her normal work duties and will be performed outside of his/her normal hours.

\_\_\_\_\_  
**Employee's Department Head** **Date**

**HIRING DEPARTMENT HEAD CERTIFICATION**

I certify that no other faculty member in the college/department or in other colleges/departments on campus has the requisite training and/or availability to accommodate the course(s) to be taught by above faculty person. I further affirm that sufficient oversight will be provided so as to detect and correct any problems that arise as a result of the faculty member's having assumed a direct teaching overload for which he/she is compensated.

\_\_\_\_\_  
**Hiring Department Head** **Date**

**APPROVAL RECOMMENDED:**

\_\_\_\_\_  
*Department/Division Head* Date

\_\_\_\_\_  
*Dean* Date

\_\_\_\_\_  
*Provost and Senior VP for Academic Affairs* Date

<b>APPROVAL</b> ____ <b>DISAPPROVAL</b> ____
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\_\_\_\_\_  
*Assistant Vice President for Human Resources* Date

\_\_\_\_\_  
*President* Date