

UNIVERSITY OF ALASKA ANCHORAGE
REVISED FACULTY OVERLOAD FORM

OVERLOADS ARE TEMPORARY AND FOR EMERGENCY PURPOSES ONLY.

Name _____ Rank _____
Department _____ School/ College _____
Telephone _____ Email _____

CREDIT OVERLOAD: Semester Fall 20 _____ Spring 20 _____ Summer 20 _____

CRN _____ Course No. _____ Sect No. _____ Credits _____ Compensation \$ _____
CRN _____ Course No. _____ Sect No. _____ Credits _____ Compensation \$ _____
CRN _____ Course No. _____ Sect No. _____ Credits _____ Compensation \$ _____

PLEASE PROVIDE JUSTIFICATION FOR CREDIT OVERLOAD ASSIGNMENT(S).

NON-CREDIT OVERLOAD ACTIVITY DESCRIPTION OF WORK:

Credit or Time Equivalency per semester _____ Fa, Sp, Su Compensation \$ _____

Credit or Time Equivalency per semester _____ Fa, Sp, Su Compensation \$ _____

PLEASE PROVIDE JUSTIFICATION FOR NON-CREDIT OVERLOAD ASSIGNMENT(S).

JOB FORMS cannot be processed without the following required signatures:

Faculty Signature: _____
Dean/Director for Overload Assignment Approval _____ Date _____
Dean/Director for Regular Assignment (if different) _____ Date _____