Lehman College/CUNY

REQUEST FOR OVERLOAD

(Work beyond one’s annual contractual obligation for which compensation is deferred.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Academic Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Course &amp; Section</th>
<th>Semester</th>
<th>Enrollment</th>
<th>Course Hours</th>
<th>Workload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit**</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Justification for this overload

(Please be as specific as possible.)

Accumulated overload at the time of this request

Workload credit** for this overload

Accumulated overload if this request is approved

Signature of Faculty member

Date

Signature of Department Chairperson

(indicating departmental approval)

Date

*List anticipated or actual enrollments. For tutorials, independent studies, or any supervision on an individual basis, including Graduate Center activities, and so forth, list the name and social security number of each student on the reverse side of this form.

**Workload hours or contact hours to be credited to the faculty member. If the class in question is a tutorial or independent study, this number will be less than the number of course hours.

This section is to be completed by divisional dean.

[ ] I approve this overload as requested.

[ ] I approve only the following overload:

[ ] I do not approve this overload.

Dean’s signature  Date

Distribution of Copies: Original to be filed in dean’s office. Copies to Provost, Department Chair, Faculty member.

11/10/97