REQUEST FOR COMPENSATION FOR
TEACHING OVERLOAD FORM

Banner ID:_____ Name:_____
                                    Last   First   Middle

Faculty Classification: Tenured/Tenure Track   Non-Tenure Track
If Tenure Track, is Faculty Member Tenured: Yes   No   N/A (NTTF)

Please complete the following fields. The semi-monthly/monthly rate should be the <u>actual</u> amount to be paid to the employee per payroll period. See instructions for calculations of FTE, hours per pay, and salary.

Home Org:_____   Home Dept: _____

Timesheet ORGN: _____   Division: _____   Location ID: _____

Begin Date: _____   End Date: _____   Earn Code: <u>FOL</u>

Position #: _____   Suffix: _____   FTE:_____   Hours per Pay:_____

Semi-Monthly Rate $_____   Monthly Rate $_____   Total Semester Salary: $_____

Please complete the table below for the courses this faculty member will be teaching as an Overload:

Course Prefix and Number*	Course Section	Course Title	Credit Hours	Does this course fulfill General Education Requirements? (yes/no)	Is this a required Core or Major course? (yes/no)

*If teaching a 6xxx/7xxx/8xxx level course, does faculty member have Graduate Faculty Status?   Yes   No

> Explain why this course is being taught as an overload.

CERTIFICATION:

In accordance with the Auburn University Conflict of Interest Policy and the Financial Conflict of Interest Policy for Research and Related Activities, "I certify that the above activities will not create or involve conflicts of interest or conflicts of commitment with any of my Auburn University activities, roles, and responsibilities including, but not limited to research, teaching, outreach, service, extension, administrative duties, and committees. I further certify that the above activities will not involve supervision or decisions regarding employment, academic, research, procurement, or committees with respect to any of my relatives within the fourth degree of affinity or consanguinity, according to the Auburn University Nepotism Policy and Nepotism Policy for Research and Sponsored Activities.

I hereby agree to provide this overload course(s) and certify that provision of this overload course will not adversely affect my normal full-time responsibilities. Moreover, I certify that I am eligible for overload assignment and compensation in accordance with departmental workload policies.

_____   _____
Faculty Member's Signature   Date

CERTIFICATION:

I certify that the above course(s) is needed and must be offered as an overload. Moreover, I certify that all Provost requirements for offering this course have been met and will be maintained.

_____   _____
Department Signature   Date

Approval Signatures

_____   _____   _____   _____
Dean's Office Signature   Date   Provost's Office Signature   Date

Date Prepared:_____   Prepared by:_____   Phone #: _____

INSTRUCTIONS FOR COMPENSATION FOR TEACHING OVERLOAD FORM:
In rare circumstances, departments may request existing full-time faculty members teach courses over and above their agreed-upon instructional workload, or an "overload". In accordance with departmental workload and faculty handbook guidelines, with appropriate approvals and attestations, eligible faculty may receive additional compensation for teaching on an overload basis. Once completed, the form is routed for approval signatures from the department, dean's office, and Provost's Office at FacultyPositions@auburn.edu and an Electronic Personnel Action Form (EPAF) is submitted to University Human Resources.

Name and Banner ID: as it appears in Banner.

Faculty Classification: Indicate whether the faculty member's primary position is tenured/tenure track (TTF) or non-tenure track (NTTF).

Tenure: Indicate if the faculty member holds tenure. Choose N/A if the faculty member's primary position is non-tenure track.

Home Org: a six (6) digit number identifying the department.

Home Dept: name of the department

Timesheet ORGN: an alphanumeric code that corresponds to the department's time sheet in Kronos.

Division: a three (3) digit number identifying the college or vice-presidential unit.

Begin date: the date the job begins; date should be August 16 for fall appointments, January 1 for spring appointments, or May 16 for summer appointments.

End date: the date the job is expected to end; date should be December 31 for fall, May 15 for spring, or August 15 for summer.

Position #: The position number for overload payments is OL####. Please review the payroll attributes (monthly-paid faculty, semi-monthly-paid faculty) using NBAPOSN in Banner9. For overload payments to 9-month faculty in the summer, the position number will be SF####-OL.

Suffix: a two (2) digit number, typically 00. For overload payments to 9-month faculty in the summer, the position number will be SF#### with Suffix -OL.

Pay Frequency: Please review the payroll attributes (monthly-paid faculty, semi-monthly-paid faculty) using NBAPOSN in Banner9.

Semi-Monthly or Monthly Rate: the actual amount the employee will be paid for each semi-monthly or monthly payroll period.

Total Semester Salary: The actual amount the employee would be paid if they worked for the entire semester. For semi-monthly positions, multiply the semi-monthly rate by 9 pay periods (or 6 semi-monthly pay periods for the summer semester only). For monthly positions, multiple the monthly rate by 4 ½ pay periods.