DIVISION OF ACADEMIC AFFAIRS
Request for Overload

(Included below are the instructions for completion. Incomplete forms will be returned)

USED FOR FULL-TIME FACULTY WITHIN YOUR DEPARTMENT ONLY

Approval is requested for the following:
Please (✓) appropriate box:  ☐ New  ☐ Amendment  ☑ Returning Faculty

Date of Last Appointment: __________________________

CANDIDATE

<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
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</table>

MAILING ADDRESS______________________________

TELEPHONE ___________________________ VISA STATUS __________________________

POSITION (TITLE): ___________________________ Employing Department(s)

REQUIRED: Does the individual have or anticipate concurrent employment in another department or unit?  No ☐ Yes ☑

If yes, which department/unit. __________________________

Is the individual a UMES student?  No ☐ Yes ☑

Is this a Tenure Track Appointment?  No ☐ Yes ☑ (If yes, academic year for tenure review) __________________________

TYPE OF CONTRACT ☐ 9 months ☐ 12 months ☐ Full-time ☐ Part-time _________ Percentage (part time)

APPOINTMENT PERIOD: __________________________ TO __________________________

SALARY RATE __________________________ (EXACT)

BUDGET INFORMATION (FAS and/or Funding Source) __________________________

SPECIAL CONDITIONS: Full information on courses locations is not necessary. (Contract contingent upon adequate enrollment.)

OTHER (SPECIFY)

SUPPORTING DOCUMENTS

<table>
<thead>
<tr>
<th>COMPLETE</th>
<th>INCOMPLETE</th>
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<tbody>
<tr>
<td>RESUME (Can be attached)</td>
<td></td>
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<tr>
<td>UMES APPLICATION (Should be sent directly to Human Resources)</td>
<td></td>
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<tr>
<td>LETTERS OF RECOMMENDATION/REFERENCES (Can be attached)</td>
<td></td>
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<tr>
<td>OFFICIAL TRANSCRIPTS (Should be sent directly to Human Resources)</td>
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</table>

I certify that the above information is correct.

Department Chair/Director____________________________________________________
Print Name __________________________
Signature __________________________ Date __________________________

Agricultural Accountant____________________________________________________
(if applicable) Date __________________________

Sponsored Programs________________________________________________________
(if applicable) Date __________________________

Title III______________________________________________________________
(if applicable) Date __________________________

School: ☐ Ag & Natural Science ☐ Arts & Professions ☐ Business & Technology
☐ Library Services ☐ Health Professions

Dean: __________________________ Date __________________________

Assistant Vice President (Human Resources) Date __________________________

Vice President for Administrative Affairs Date __________________________

Provost & Vice President for Academic Affairs Date __________________________

7/16/2014
Academic Affairs Form #3
FORM INSTRUCTIONS
OVERLOAD REQUESTS FOR FULL-TIME FACULTY

1. **Overload**: Payment to full-time faculty who teach more than 12 credit hours or a faculty member who has been released from a class but must assist the department due to personnel reasons.

2. **NEW**: Title not associated with overloads.

3. **AMENDMENT**: Changes to an existing signed contract. You must also indicate what changes are being made in the OTHER (SPECIFY) section of the Contract.

4. **RETURNING FACULTY**: A faculty member returning from the previous academic year, including the summer session.

5. **CANDIDATE**: Title (Dr./Mr./Mrs./Ms./Miss) – First Name (If other nationality, please make sure that they are providing you with their first name first and not their last name) – Middle Initial (if appropriate) - Last Name (If other nationality, please make sure that they are providing you with their first name first and not their last name)

6. **MAILING ADDRESS**: Address in which the candidate receives his/her mail.

7. **TELEPHONE**: A number the person would like you to contact them at. Also request a cellular telephone number if available.

8. **VISA STATUS**:

9. **POSITION TITLE**: Lecturer, Assistant or Associate Professor, or Professor.

10. **EMPLOYING DEPARTMENT**: The faculty members department.

11. **Does the individual have or anticipate concurrent employment in another department or unit?** A response is required.

12. **If yes, provide name of department/unit**: A response is required.

13. **Is the individual a UMES Student?** A response is required.

14. **Is this a Tenure Track Appointment?** The response will always be **no**.

15. **TYPE OF CONTRACT**: 9-month: August to May (may include any months after August and end in December or May). 12 months does not apply to overload requests.

16. **FULL-TIME**: 9-months (August-May). May include any month after August, but will end in May.

17. **SALARY RATE**: Does not apply to full-time personnel. **EXACT**: Amount associated with part-time faculty should be identified in this section (Lecturer--$2,200; Assistant Professor--$2,300; Associate Professor--$2,400; and Professor--$2,500). Payment is based on a minimum enrollment of seven (7). If course does not meet the minimum requirement, the overload should be paid at a rate of $250 per student. **Off-campus sites are not subject to these fees**.

18. **BUDGET INFORMATION**: The budget number and object code must be included.

19. **SPECIAL CONDITIONS**: Departments must identify the course prefix, number, section and credits for payment.
20. **OTHER**: Any information the department wishes to add as part of the contract.


22. **SIGNATURES**: Form should be submitted for signature as indicated on the form. There are no exceptions to routing of the signatures required.

7/16/2014