

REQUEST FOR AUTHORIZATION OF OVERLOAD

In the UH/UHPA Agreement, Article XIX, E. states:

During the academic year, faculty at Manoa and Hilo must be teaching at least nine credit hours or equivalent as determined by the University during a given semester to qualify for overload teaching in continuing education programs....

Prior authorization must be obtained before undertaking additional University services for additional compensation.

Please complete this overload authorization form and attach it to the Form SF-6 for appropriate signatures.

Name: \_\_\_\_\_ Rank/Step: \_\_\_\_\_ SSN: \_\_\_\_\_

Department: \_\_\_\_\_ 9 mo. 11 mo.

Nature of overload requested:

Teaching \_\_\_\_\_ credits, Continuing Education & Community Service

Teaching load in the relevant semester: List courses and credits: indicate if team taught, cross-listed, or concurrent. (Fill in only for overload teaching in Continuing Education & Community Service.)

Fall \_\_\_\_\_ OR Spring \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teaching \_\_\_\_\_ credits, Summer Session (only 11-month faculty need indicate)  
Consultantships, Neighbor Island Community College  
Consultantships through Research Corporation of University of Hawaii  
Manuscript reading for University Press  
Summer research salary  
Other (describe)

Dollar amount: \_\_\_\_\_ Inclusive dates: \_\_\_\_\_

Total overload for academic year to date (kind and amount):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved/Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Chairperson

Approved/Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean

Approved/Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Chancellor