IMPERIAL VALLEY COLLEGE
REQUEST FOR FACULTY OVERLOAD ASSIGNMENT(S)
IN EXCESS OF NINE (9) UNITS (HOURS)

Routing:	*1. Department Chair*	*2. Division Dean*	*3. Vice President for Academic Services (CIO)*

Faculty Member Name *(please print)*: _____ Signature _____

Faculty Service Area(s): _____

Department: _____ Department Chair : _____

Division: _____ Division Dean: _____

Date of Request: _____ Semester: ☐ Fall ☐ Spring   Year: _____

Reason for Overload Assignment:

☐ To cover a full-time faculty member who is on sabbatical. Faculty member on sabbatical: _____

☐ Lack of full-time faculty to cover all division/department teaching assignment(s).

☐ Other: _____

		Total Overload Units (Hrs) (refer to Load Report)	a.			
		Maximum Contract Overload (refer to CTA Article 15.12)	b. **9.0**			
		Total Overload in Excess of 9 Units (Hrs) (substract box b from box a)	c.			

Course Reference No. (CRN)	Course (i.e. ART 100)	Course Workload (refer to Load Report) Weekly Lecture Hrs	Weekly Lab Hrs	Course Overload (refer to Load Report)	Approved Yes	No	Signatures: / Date:
Row 1				d.			**Department Chair (Review Only):**
							Division Dean:
							Vice President for Academic Services (CIO)
Row 2				e.			**Department Chair (Review Only):**
							Division Dean:
							Vice President of Academic Services:
Row 3				f.			**Department Chair (Review Only):**
							Division Dean:
							Vice President for Academic Services:
Row 4				g.			**Department Chair (Review Only):**
							Division Dean:
							Vice President for Academic Services:
		TOTAL OVERLOAD UNITS IN EXCESS OF 9 (sum of boxes d - g must equal value in box c)	h.				

Comments: _____

08-26-13