

UNIVERSITY OF ALASKA ANCHORAGE  
**REVISED** FACULTY OVERLOAD FORM

**OVERLOADS ARE TEMPORARY AND FOR EMERGENCY PURPOSES ONLY.**

Name \_\_\_\_\_ Rank \_\_\_\_\_

Department \_\_\_\_\_ School/ College \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**CREDIT OVERLOAD:** Semester Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

CRN \_\_\_\_\_ Course No. \_\_\_\_\_ Sect No. \_\_\_\_\_ Credits \_\_\_\_\_ Compensation \$ \_\_\_\_\_

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CRN \_\_\_\_\_ Course No. \_\_\_\_\_ Sect No. \_\_\_\_\_ Credits \_\_\_\_\_ Compensation \$ \_\_\_\_\_

**PLEASE PROVIDE JUSTIFICATION FOR CREDIT OVERLOAD ASSIGNMENT(S).**

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

**NON-CREDIT OVERLOAD ACTIVITY DESCRIPTION OF WORK:**

\_\_\_\_\_

Credit or Time Equivalency per semester \_\_\_\_\_ Fa, Sp, Su Compensation \$ \_\_\_\_\_

\_\_\_\_\_

Credit or Time Equivalency per semester \_\_\_\_\_ Fa, Sp, Su Compensation \$ \_\_\_\_\_

**PLEASE PROVIDE JUSTIFICATION FOR NON-CREDIT OVERLOAD ASSIGNMENT(S).**

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

**JOB FORMS cannot be processed without the following required signatures:**

Faculty Signature: \_\_\_\_\_

Dean/Director for Overload Assignment Approval \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director for Regular Assignment (if different) \_\_\_\_\_ Date \_\_\_\_\_