

**APPENDIX U2  
REQUESTING OVERLOAD ASSIGNMENT  
OUTSIDE OF THE FACULTY MEMBER'S DEPARTMENT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Faculty Member request (Be specific, including department(s), course(s), timeframe, and benefits to the faculty member and the College).

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date