



G#: _____ CAMPUS/DEPT: _____

NAME: _____ ORG: _____

SUPPORTING DOCUMENTATION FOR OVERLOAD HOURS				
DATE TAUGHT	HOURS LECTURE	HOURS CLINICAL/LAB	COURSE NAME <i>EX: MATH 1314</i>	COURSE SECTION <i>EX: 109</i>
Total				

Employee: _____ Date: _____

Approval Dept. Chair: _____ Date: _____