

Please indicate type of contract:

*12 Month Faculty _____

10 Month Faculty _____

9 Month Faculty _____

HAMPTON UNIVERSITY
HAMPTON, VIRGINIA 23668

CHAIRMAN/DEAN AUTHORIZATION TO HIRE
OVERLOAD FACULTY

I hereby request authorization to offer _____ overload course(s) to _____

Rank: _____, Identification Number: _____

Budget to be charged: Index _____ Fund _____ Org. _____ Acct. _____ Prog. _____

Course(s) Assignment

<u>Course Number and Title</u>	<u>Credit Hour</u>	<u>Enrollment</u>	<u>Amount</u>
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1. _____

2. _____

**3. _____

TOTAL AMOUNT TO BE PAID BY VOUCHER _____

I certify that faculty members in the department with the expertise needed to teach course(s) identified have a full load and that this position is necessary to maintain the integrity of our program.

Faculty Member

Department Chairman

Date

Administrative Approval

<input type="checkbox"/> Approval <input type="checkbox"/> Non-Approval Comments:	<input type="checkbox"/> Approval <input type="checkbox"/> Non-Approval Comments:	<input type="checkbox"/> Approval <input type="checkbox"/> Non-Approval Comments:
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School Dean/Director

Chancellor and Provost

President

Payment will be in two equal installments on:
October 31 and December 31 for the first semester
March 31 and May 31 for the second semester

***Note that individuals on 12-month contracts can only teach one course, which may only be taught after 5:00 p.m.**

****Prior approval from the Chancellor and Provost is needed.**

ENROLLMENT FIGURES ARE FINAL