

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>
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

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.**

**\*\*Provost approval needed.**

**ENROLLMENT FIGURES ARE FINAL**