

BARUCH COLLEGE
Authorization for Overload Assignment
Faculty

Please complete all information requested below.

Name of person to receive payment Semester payment is to be made

Name of the Department/ (SPA Program)

Overload assignment:

Teaching	_____	_____	_____	_____		Yes No
	Course #	Credits	Contact Hrs	# of hrs. for Payment	Jumbo Section	

Non Teaching: (Describe and give # of hrs. for payment)

Annual Workload for Base Salary

	Fall	Winter Intersession	Spring
Course, Section and Hours: _____	_____	_____	_____
Course, Section and Hours: _____	_____	_____	_____
Course, Section and Hours: _____	_____	_____	_____
Course, Section and Hours: _____	_____	_____	_____
Course, Section and Hours: _____	_____	_____	_____
Course, Section and Hours: _____	_____	_____	_____

Provide a statement establishing that the overload is in the best interest of the College and serves a specific academic need (justification):

Authorizations:

(Print/Signature) Department Chair/Program Director Date

(Print/Signature) School Dean/Vice President Date

(Print/Signature) Provost Office Date