

**BARUCH COLLEGE**  
**Authorization for Overload Assignment**  
**Non-Faculty Personnel**  
**(For Higher Education Officer Series and College Lab Technician Series)**

Payment for overload will not be processed unless Payroll forms are accompanied by this form, completed and signed by the Department Chair, including the Dean if appropriate. In addition, no commitments are to be made to anyone about overload compensation until approved by the Department Chair, the Dean (if appropriate), and the appropriate Vice President.

**Section A.**

\_\_\_\_\_  
Name of Person to Receive Payment Semester payment to be made

\_\_\_\_\_  
Name of the Department

**Section B.**

**OVERLOAD ASSIGNMENT**

**Allowable Teaching Hours: 3 hrs. per week**

**Allowable Non-teaching Hours: 6 hrs. per week**

**Payment will not be made for the hours above those stated in the Multiple Positions Memorandum.**

Description of assignment for overload, Fill in below:

Teaching: \_\_\_\_\_ ( ) Yes ( ) No  
Course# Credits Contact Hrs. # of hrs. for Payment Jumbo Section

Non-teaching: \_\_\_\_\_  
Course# Credits Contact Hrs. # of hrs. for Payment

Give justification why this assignment is not part of the work for base salary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section C.**

**Authorizations:**

\_\_\_\_\_  
(Print/Signature) Department Chair Date

\_\_\_\_\_  
(Print/Signature) School Dean/Assistant Vice President Date

\_\_\_\_\_  
(Print/Signature) Vice President Date