

SPS Overload Request Form

Instructions: Complete this form to request permission to employ a full-time SPS faculty or administrator for overload assignment. The request form must be signed by the SPS Academic Unit Leader of the unit offering the intended appointment (i.e. teaching or development). Requestor should acquire signatures in section 3. Faculty/Administrator's Home Department Approvals, and leave section 4. SPS and University Approvals blank. The form must be submitted to the **SPS Office of Faculty Affairs** in advance of the anticipated start date of the overload assignment.

Per the NYU Faculty Handbook, overload assignments for full-time faculty are to be used in emergency situations only. Faculty/administrators cannot begin the overload assignment without prior approval.

Each appointment for which the department is requesting overload approval must be listed on individual request forms.

te Prepared:	Requester:					
uesting Services for:	Fall	Spring	Summer	Winter	Year: 20	
ermission is Hereby Re	quested for:					
Name of SPS Facu	Ilty Member or Ad	ministrator				
o Teach for Extra Comp	pensation Within	my Unit in I	Excess of Their I	Normal Duties:		
Assignment	Course Number		Start Date	End Date	Start Time	End Time
Total Contact Hou	rs:	Total Payment:				
Rationale for use of Signed:SPS Aca				Date: _ ch		
nculty/Administrator's	Home Departmer	nt Approval	ls			
Signed:	Signed:					
Signed:	Chairperson/Direct Supervisor SPS Associate Dean					
r completing sections			e form to the <u>SP</u>	S Office of Facu	Ity Affairs.	
PS and University App	rovals (for OFA/H	IR use onlv)				
Signed:				Date: _		
	SPS Dean or	Dean's Des	signee			
Signed:				Date: _		

Provost's Office or NYU Human Resources