# Faculty Overload Compensation Request Form

*Overload compensation must be approved by the Provost prior to the start of the activity. Retroactive requests will not be approved. Compensation should never be committed as overload without receiving approval by the Department Head, Dean and Provost. A faculty member beginning work before approval for overload compensation risks not being additionally compensated for their work.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name:**  | Employee Name |  | **Home Department:**  | Department |
| **Employee Number:** | ###### |  | **Overload Department:**  | Department |
| **Employee Title:**  | Title. |  | **Type of Overload:** | Choose an item. |
| **Appointment Term:** | Choose an item. |  | **Overload Start Date:** | Click or tap to enter a date. |
| **Annual Salary:**  | Salary |  | **Overload End Date:** | Click or tap to enter a date. |

# Background/Requirements:

Faculty overload assignments may be appropriate when there is a clear business need for an academic activity that cannot be met within existing faculty workload. Overload payment is only appropriate in very specific scenarios where the work is one-time, short-term, and temporary. The faculty member selected for the overload assignment must be uniquely qualified to perform the work. The provost may deny requests for overload payments where the nature of the work should be considered part of normal workload or is more appropriately processed via an administrative assignment on regular payroll or through summer salary.

Overload assignments will only be considered if they meet the following criteria:

1. The activity must not interfere with the faculty member’s ability to carry out the duties and responsibilities associated with their regular faculty appointment. The individual must be satisfactorily performing regularly assigned duties.
2. The activity must clearly fall outside of full-time (100%) effort in the regular appointment and should not be used as a regular supplement to an individual’s salary.

# Please respond to the following screening questions for all requests:

1. **Does the proposed overload appointment interfere with the faculty member’s ability to carry out the duties and responsibilities associated with their regular faculty appointment?** [ ] Yes [ ]  No
2. **Does the proposed overload appointment clearly fall outside of the faculty member’s regular workload?** [ ] Yes [ ]  No

1. **Describe the faculty member’s regular workload (teaching, research, service).**

Click or tap here to enter text.

1. **Has this faculty member had any approved overload assignments in the previous two academic years? If yes, describe the activity.** [ ] Yes [ ]  No

Click or tap here to enter text.

# Type of overload request:[ ]  Non-Teaching[ ]  Teaching – Winter/May Intersession, or Summer Session[ ]  Teaching – Semester *(will only be approved as overload in very rare circumstances. Course releases for a future semester or using adjunct faculty should be used in this scenario.)*

# Projected Compensation:

1. **Compensation/Stipend for Overload Assignment:** $
2. **$ per credit** *(for teaching assignments only***):** $

# For teaching overload requests:

1. **Standard Teaching Load (by credits or courses):** Click or tap here to enter text.
2. **Current Academic Year Teaching Assignment (with overload):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course** | **Credits** | **Enrollment** | **Semester (fall/spring/summer/winter)** | **Location** | **Overload (Y/N)** |
|  DEPT #### | # | # | Fall/spring/summer/winter | campus | Y/N |
| DEPT #### | # | # | Fall/spring/summer/winter | campus | Y/N |
| DEPT #### | # | # | Fall/spring/summer/winter | Y/N | Y/N |
| DEPT ####. | # | # | Fall/spring/summer/winter | campus | Y/N |
| DEPT ####. | # | # | Fall/spring/summer/winter | campus | Y/N |
| DEPT #### | # | # | Fall/spring/summer/winter | campus | Y/N |
| DEPT #### | # | #  | Fall/spring/summer/winter | campus | Y/N |
| DEPT #### | # | # | Fall/spring/summer/winter | campus | Y/N |

1. **Prior Academic Year Teaching Assignment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course** | **Credits** | **Enrollment** | **Semester (fall/spring/summer/winter)** | **Location** | **Overload (Y/N)** |
| DEPT #### | # | # | Fall/spring/summer/winter | campus | Y/N |
| DEPT #### | # | # | Fall/spring/summer/winter | campus | Y/N |
| DEPT #### | # | # | Fall/spring/summer/winter | campus | Y/N |
| DEPT #### | # | # | Fall/spring/summer/winter | campus | Y/N |
| DEPT #### | # | # | Fall/spring/summer/winter | campus | Y/N |
| DEPT #### | # | # | Fall/spring/summer/winter | campus | Y/N |
| DEPT #### | # | #  | Fall/spring/summer/winter | campus | Y/N |
| DEPT #### | # | # | Fall/spring/summer/winter | campus | Y/N |

1. **Describe the circumstances requiring this overload teaching request.**

Click or tap here to enter text.

1. **Describe how this faculty member is uniquely qualified to teach this course.**

Click or tap here to enter text.

1. **If this is a fall or spring course, describe the effort made to recruit a suitably qualified adjunct faculty or graduate student to teach the course.**

Click or tap here to enter text.

# For non-teaching overload requests:

1. **Describe the duties, responsibilities, objectives, and deliverables of the proposed work.**

Click or tap here to enter text.

1. **In what way is the proposed work substantially different from or in addition to the essential duties and responsibilities defined in the faculty member’s regular appointment?**

Click or tap here to enter text.

1. **Describe how the candidate is uniquely qualified to perform the overload work.**

Click or tap here to enter text.

1. **What other options or methods of payment were considered prior to requesting this work be considered for faculty overload?**

Click or tap here to enter text.

# Approvals:

**The undersigned certify that this overload assignment meets the requirements described in this form and in the Faculty Compensation Policy, and that this activity under review has not yet begun.**

|  |  |  |
| --- | --- | --- |
| **Unit** | **Signature** | **Date** |
| Department Head (Academic Home) |  |  |
| Dean (Academic Home) |  |  |
| Overload Department Head (if applicable) |  |  |
| Overload Dean (if applicable) |  |  |
| Provost |  |  |

# Agreement to Waive Compensation

Faculty may waive compensation and remit funds to any unrestricted University account, provided they meet the guidelines on waived compensation in Section 5 of the [Procedures for the Faculty Compensation Policy](https://provost.uconn.edu/faculty-and-staff-resources/faculty-compensation-resources/procedures-for-policy-on-faculty-compensation/). **A faculty member who chooses to decline extra compensation for assignments must complete this form and submit it to HR before** **any work begins**.

*To be completed by the faculty member (must select one):*

[ ] I elect to waive compensation for the above activity that exceeds 25% of my 12-month equivalent and would like it to instead be remitted to a University account that meets the required criteria (most common).

[ ]  I elect to waive all compensation for the above activity and would like it to instead be remitted to a University account that meets the required criteria.

[ ]  I do not elect to waive any compensation for the above activity. NOTE: If compensation exceeds earnings cap and this option is selected, compensation above 25% of the 12-month equivalent will not be earned and the funds will not be remitted to a faculty account (least common).

**I understand that before any waived compensation is remitted to a University account, I will need to also submit the Waived Compensation Transaction Request form to Human Resources once the amount to be waived is determined.**

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Signature Date

# Processing:

Forms signed by department head and dean should be emailed to provost@uconn.edu for provost review. Forms signed by all parties should be attached to the special payroll requisition in PageUp for Human Resources review.