***REQUEST FOR REVIEW OF TEACHING RESPONSIBILITES FOR RELIEF/OVERLOAD PAY***

**Faculty Member Name/Rank**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of request** \_\_\_\_\_\_\_

**Fiscal year for which relief/overload pay is being requested** \_\_\_\_ **Average annual %offset for requested year** \_\_\_

**Course load planned for requested year:**

**Course Title/# S.H. Term Year Role #lectures (% course)**

**Additional Comments**

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DEO Determination

**Relief (y/n)** \_ \_\_ **Course #(s)** \_ \_\_\_\_\_\_\_\_\_\_\_\_

**Relief Description**

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**Overload Pay (y/n)** \_\_\_ **Course #(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_  **%Overload** \_\_\_\_ **Amount $**\_\_\_\_\_\_\_

**Additional Comments**

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**DEO Signature/Date Associate Dean Signature/Date Faculty Signature/Date**

 *Faculty acknowledgement after determination*