



Faculty & Staff Overload Assignment Authorization

Name: _____ Date: _____

Full Time Department: _____

Job Title: _____

Approval:

Dean (for Faculty)

Vice President

Director/Supervisor (for Staff)

See UVU Policies 642 (Salaried Faculty) and 327 (Non-Faculty Employees) for overload parameters.

Overload Department: _____

Description of Assignment: _____

Name of Class: _____

Days: _____ Time: _____ Section: _____

Days: _____ Time: _____ Section: _____

Duration of Assignment:

Beginning Date: _____

Ending Date: _____

Approval:

Dean (for Faculty)
Director/Supervisor (for Staff)

Vice President

Executive Director,
Human Resources/Equity Officer