

# Adjunct/Overload Request for Extra Pay

Term: \_\_\_\_\_

Circle:    Main Campus    Extended Campus

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Date of Revision: \_\_\_\_\_

Instructor Name (Last, First)	Adjunct (Adj) or Overload (OL)	CRN Number	Discipline and Course Number,	Section Number	Course Unit Type: L, B, N, S, R, A	Number Course Contact Hours	Number Course Credit Hours	Number Enrolled	Adjunct/ Overload Salary	Contract/ Benefit Amount	Travel Amount	Supple- mental Pay	Total Requested
<i>Doe, John A.</i>	<i>Adj</i>	<i>12345</i>	<i>Math 101</i>	<i>003</i>	<i>L</i>		<i>4</i>	<i>15</i>	<i>1,850.00</i>				
<small>(2 trips per wk for 13 wkkes plus 1 trip for final = 27 @ \$50 per trip = \$1,350)</small>	<i>Adj</i>	<i>12346</i>	<i>Math 101</i>	<i>004</i>	<i>L</i>		<i>4</i>	<i>12</i>	<i>1,850.00</i>		<i>1,350.00</i>		<i>6,900.00</i>
<b>Grand Total</b>													

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Dean/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date