

**Rhode Island College
Course Approval/Request for Overload
Compensation Contract for Full-time Faculty**

_____ Date Form Initiated

_____ Semester

Section I - Faculty Information

Name _____

Department _____ Office Phone _____

Current Academic Year Base Salary \$ _____

NOTES

Section II – Faculty Load Description

Fall _____ Course Taught (Dept/Number)/Other Assignment	In	Over	Spring _____ Course Taught (Dept/Number)/Other Assignment	In	Over

Section III - Load and Overload Information

(See Agreement between RIC/AFT and Board of Governors, Sections Article X: A, 10.2 and 10.3, and Appendix D.)

In order to be considered for an extra-compensation assignment, you must complete the information required in Sections A and B below.

(A) Number faculty load credits carried (or scheduled, if known):

Fall 2009 In-load _____

Fall 2009 Overload _____

Spring 2010 In-load _____

Spring 2010 Overload _____

Fall 2010 In-load _____

Fall 2010 Overload _____

Spring 2011 In-load _____

Spring 2011 Overload _____

(B) List of extra compensation already earned or approved in the present academic year. Include all monies paid through the College Monthly Payroll except summer session and department chair stipend. _____

Source _____ Amount \$ _____

Section IV - Faculty Acceptance:

The information in Section III is correct and the services described in Section II will be provided.

FACULTY SIGNATURE: _____ **DATE** _____

Section V - Approval Signatures:

Chairperson/Director Date

Vice President for Academic Affairs Date

Dean Date

Vice President for Administration/Finance Date