

LAKEHEAD UNIVERSITY
REQUEST FOR OVERLOAD/SUPPLEMENTAL PAYMENT FOR FACULTY

Name of Faculty Member: _____

Date: _____

Department/School: _____

Academic year _____

A. INFORMATION ON THE FACULTY MEMBER'S TEACHING LOAD
(please complete all three tables; if not applicable, use N/A)

Regular Teaching Assignment					Previously Approved Overload Teaching Assignments in this Academic Year ¹				
Course Code	Course Number	Term	Year	Actual/Expected Enrolment	Course Code	Course Number	Term	Year	Actual/Expected Enrolment

New Overload Teaching Assignment(s)				
Course Code	Course Number	Term	Year	Actual/Expected Enrolment

B. APPROVALS

Immediate Supervisor : _____ Date: _____

Dean (if not the Immediate Supervisor): _____ Date: _____

Provost: _____ Date: _____

¹ 1 July to 30 June (as per LUFA Collective Agreement)