LAKEHEAD UNIVERSITY

REQUEST FOR OVERLOAD/SUPPLEMENTAL PAYMENT FOR FACULTY

Name of Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic year[[1]](#footnote-1): \_\_\_\_\_\_\_\_\_\_

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 Year1 |
| Course Code | Course Number | Term | Year | Actual/Expected Enrolment | Course Code | Course Number | Term | Year | Actual/Expected Enrolment |
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| List and describe any Teaching Releases (e.g. due to Research, Administration, etc.) |
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| New Overload Teaching Assignment(s) |
| Course Code | Course Number | Term | Year | Actual/Expected Enrolment |
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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) [↑](#footnote-ref-1)