

CERTIFICATION OF FACULTY OVERLOAD

I hereby certify that the faculty member listed below has taught an overload during AC-YR _____ as defined by Article 16 of YSU/YSU-OEA Agreement, and hereby request that the individual be duly paid as indicated below.

_____ Faculty Member	_____ Banner I.D. Number	_____ Department
_____ Number of workload hours to be paid on overload basis	\$ _____ Overload Rate of Pay: Insert 1250 (no comma) above	\$ _____ TOTAL TO BE PAID (Will be calculated automatically)
 Department FOAPAL - 111000 _____ 602200 11		

Signature – Faculty Member

Date

Signature – Chairperson

Date

Signature – Dean

Date

APPROVED:

PROVOST

Date