



Request for Overload Exception

Date: _____

Name of Requester: _____ Phone: _____

Name of Employee Receiving Overload: _____

Org Code: _____ Project Code: _____

Org Code/Project Code Name: _____

Amount: \$_____ Payment Type: Single Multiple

Effective Date of Change Begin: _____

Effective Date of Change End: _____

The following categories are justification for an exception request. Please select a category and provide justification in the space provided below.

Teaching of courses exceeding the cap with approval of the Dean indicating that this does not interfere with basic course and/or workloads.

Engaging in entrepreneurial or research activities

Operating a camp or participating in a conference/workshop

Covering an emergent situation – immediate coverage is needed

Teaching a course(s) during Winterim

Additional justification for selected category:

Completed forms may be returned to Chrissy Smith (smithcj@uww.edu). Any questions related to overload exceptions may be directed to Aimee Arnold (mccanna@uww.edu).

Approved by Department Chair: _____ Date: _____

Approved by Dean/Director: _____ Date: _____

Approved by Division Head: _____ Date: _____

Approved by Chancellor’s Designee: _____ Date: _____