

APPROVAL OF 'OVERLOAD DUTIES'

For Academic Staff (Continuing, Limited Term, Contingent Term) - Teaching

Name: _____ Empl ID: _____

Faculty: _____

Department: _____

Rank/Position: _____

DETAILS OF ASSIGNMENT:

Remuneration: \$ _____ for the _____ - month period

Accounting String: _____ **Note:** Fill in all the fields that apply.

GL Unit	Fund	Dept	Account	Program	Internal
UCALG					

Period of Appointment: From: _____ To: _____

Course Number(s): _____

Half-Course Equivalent _____ HCE (for Employment Insurance Purposes)

Circumstances/Reason: _____

This job has been discussed with me and I hereby confirm that I am willing to undertake the duties and responsibilities of this position under the terms and conditions detailed above.

Signature: _____ Date: _____
(Staff Member)

Recommended by Head (Administrative Equivalent) to Dean:

Signature: _____ Date: _____
(Head)

Dean's Action (on delegated authority from the President): Approved Not Approved

Signature: _____ Date: _____
(Dean)

FOR HR USE ONLY

Distribution: Payroll Accounting Date: _____

Signature: _____ Date: _____
(HR OPs)