

**Bowie State University**  
**Faculty/Staff Non-Instructional Overload Authorization**

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Employee Name:

SSN:

Title:

Department:

Annual Base Salary:

Maximum Overload Amount (20%):

Current Employment Category (Check one)

Date of Request \_\_\_\_\_

Faculty (*complete all sections.*)

Unclassified (*Skip Section 1.*)

Classified (*Skip Section 1.*)

Acct. To Charge: \_\_\_\_\_

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**Section 1 - Current Extra Faculty Workload**

Release Time - Is the faculty member currently receiving approved release time for any BSU activities?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please complete the following:

Purpose(s) of Release Time	Semester FA - Fall SP - Spring SU - Summer MI - Mini Semester	Number of Semester Hours

**Extra Compensation** - Is the faculty member currently involved in outside employment? \_ Yes  No

If yes, please complete the following. The following list must reflect any current additional BSU assignments or outside employment for courses taught at other institutions for which the employee is being paid. List only those activities that are **NOT** a part of the employee's regular full time BSU contract. For all current outside employment, attach an outside employment form.

Type of activity I - Instruction S - Sponsored program A - Administration	Extra Compensation (Maximum authorized)	In instruction, indicate course prefix (Acronym & Number)	Indicate Location BSU or 01 for other Institution	Indicate Semester FA - Fall SP - Spring SU - Summer MI - Mini Semester	Number Enrolled per course	Number Semester Hours

**Section 2 - Requesting Department Certification**

<b>Department:</b>	
<b>Overload Assignment: (Describe duties and responsibilities)</b>	
<b>SCHEDULE: (Specify hours and dates when work is to be performed)</b>	
<b>COMPENSATION: (Specify rate of pay and total compensation for this assignment)</b> \$ _____ per _____ up to a total \$ _____	
I certify that services of a contractual employee are unavailable for the above assignment.	
_____	_____
<b>Supervisor</b>	<b>Date</b>

**Section 3 - Employee's Primary Supervisor Certificate**

I certify that release time is not feasible for the above overload assignment and that the assignment involves no conflict of interest or commitment with the employee's primary regular employment.	
_____	_____
<b>Supervisor</b>	<b>Date</b>
_____	_____
<b>Vice President/President</b>	<b>Date</b>

**Section 4 - Employee Certification**

I certify that the performance of the above overload assignment will not coincide with the work hours of my primary regular employment. During the current fiscal year, I have performed the following overload assignments: (Specify dates and total compensation received)	
_____	_____
<b>Employee</b>	<b>Date</b>

**APPROVED:** \_\_\_\_\_  
**Director of Human Resources** **Date**