



Request for Overload

*Used for Full Time faculty within your Department ONLY.

Candidate II	nformation									
Title First Name				M.I.	M.I. Last Name					
Mailing Address		City		State		State	Zip Code			
Telephoi	Telephone Number (Home or Mobile)			Email Address:				Visa Status		
Is this ind	ividual a UMES studer	nt?	No							
	ppointment Information									
	amendment? Yes	□ No								
Position	Title:			Dep	Department:					
Preparer Name:				Prep	Preparer Email:					
	candidate have or anti- ment in another departm	_	irrent acad	demic or	exem	pt		□Yes	□No	
If yes, pl	ease provide the name					Perce	entage of	•		
	of the department/unit				concurrent appointment					
Type of	Contract			Appoint Start Da	ointment Period t Date End Date					
□9 Mon										
	s) for Overload <i>(Pleas</i>			1)				ı		
Course N	Number, Section Number	er, Course Titl	le				Credits	S Amo	unt	Enrollment
Special (Conditions (Please spec	cify course inf	ormation	and or a	ny sp	ecial c	ondition	s to be incli	uded i	n the contract)
udget Infor	rmation									
Salary Rate:			FAS and	AS and/or Funding Source:						



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I hereby certify that the above information is correct:

Department Chair / Director:		Date
pprovals:		
Grant Accountant / Title III / Sponsored Prog	grams: (if applicable)	Date:
Employment Manager:	 □ Resume □ Application □ Letters of Recommendation / References □ Background Check Completed □ Official Transcripts 	Date:
Director of Human Resources:	□ Official Hallscripts	Date:
Budget Director: (Budget Reviewed & Appro	oved for Use.)	Date
Dean:		Date:
Provost:		Date:
VP of Administration and Finance:		Date:

Important Reminders:

- Please ensure that every field is complete and accurate before uploading into Dropbox Sign.
- When uploading the document into Dropbox Sign remember to put the correct signature order and select "set signing order" under singer settings.
- Copy <u>facultycontracts@umes.edu</u> to ensure that the completed form is received and the contract issued.