



Full Time Faculty Overload Form

Description: As per AP 7210, this form is intended to document the approval process by which to allow exceptions to the 25 TLU maximum load.

Instructions: Please complete this form if you are proposing a faculty load that exceeds 25 TLUs for the semester. Please complete Table A, B, and/or C and submit this form to your department chair for approval. Then, it will be forwarded to your dean and VP.

Name: Department: Semester/Year: Date:

Please check if you are balancing a past overload this semester? Underload Spring/Fall

Table A- Calculate Total Teaching Load. Please fill in Columns A, B, C, and D. Table with 4 columns: A (Course), B (CRN #), C (TLUs), D (Additional Information/Comments).

Table B (Educational Support Faculty Only) Please fill in Columns A, B, C, and D. Table with 4 columns: A (Department), B (Assignment), C (TLUs), D (Additional Information/Comments).

| Table C- Identify Any Reassigned Time/Other TLUs | | |
|--|------|----------|
| Reassigned Time | TLUs | Comments |
| | | |
| Total Reassigned TLUs: | | |

JUSTIFICATION: Please provide justification for overload assignment request/s. The criteria for approval of overload greater than 25 TLUs can include: *high student demand, lack of FT and PT faculty, denial of FT faculty hiring requests, recent or unexpected retirements, faculty medical emergencies, unsuccessful FT or PT hiring recruitments, lack of faculty for specialized courses, specific class times or modalities, piloting new courses, and/or other proposed criteria.*

| | | |
|---|--|--------------|
| Department Chair Signature: | <input type="checkbox"/> Approve <input type="checkbox"/> Deny | Date: |
| Justification for Approval/Denial. Why is this overload beyond 25 TLUs needed? Please elaborate on the justification criteria listed above. How will students be positively or negatively impacted if this request is approved/denied? | | |
| | | |

| | | |
|---|--|--------------|
| Division Dean Signature: | <input type="checkbox"/> Approve <input type="checkbox"/> Deny | Date: |
| Justification for Approval/Denial. Why is this overload beyond 25 TLUs needed? Please elaborate on the justification criteria listed above. How will students be positively or negatively impacted if this request is approved/denied? | | |
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|---|----------------------------------|-------------------------------|-------|
| Assistant Superintendent/Vice President Signature: | <input type="checkbox"/> Approve | <input type="checkbox"/> Deny | Date: |
| Justification for Approval/Denial. Why is this overload beyond 25 TLUs needed? Please elaborate on the justification criteria listed above. How will students be positively or negatively impacted if this request is approved/denied? | | | |
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Note: The Faculty Association and the SBCC District have agreed to this Overload Form on 6/30/23.