THOMPSON RIVERS UNIVERSITY

FACULTY OVERLOAD ALLOWANCE CLAIM FORM

NAME OF INSTRUCTOR _____ DEPARTMENT _____

CLAIM FOR ACADEMIC YEAR 20_____ / 20_____

I. WORKLOAD CALCULATION (To be completed by Instructor. Relevant timetable(s) must be attached.)

Semester	**Fall 20_____**	**Winter 20_____**
Teaching	Units	Units
Less: Normal Teaching	Units	Units
Overload Claim	Units	Units

Course	**Hrs / Wk**	**# Registrants**	**Weekly Student Contact Hours**
1.			
2.			
3.			

_____ _____ _____ _____

Instructor Date Chairperson Date

II. MONETARY CALCULATIONS (To be completed by relevant Dean.)

1. Overload Claim of _____ Units X Overload Rate $_____ = $_____ /wk
2. Academic / Career:
   Overload Allowance $_____ per week X _____ weeks per semester = $_____ for semester
   Monthly Allowance $ _____for semester + months = $_____ per month

   Vocational: Start Date _____ Completion Date _____
   Overload Allowance $_____ per week X _____ weeks = $_____ TOTAL Overload Allowance
   Monthly Allowance $_____TOTAL Overload Allowance + _____ Months = $_____ per month

APPROVED / NOT APPROVED _____ _____

Dean Date

APPROVED / NOT APPROVED _____ _____

VP Academic Date

ACCOUNT CODE _____

PAYROLL USE ONLY

Forward original to Payroll. Make a copy for yourself.