

**APPENDIX D-5: REQUEST FOR OVERLOAD ASSIGNMENT WHILE ON SABBATICAL LEAVE**

Requests should be submitted as early as possible, but will be received up to one week prior to the beginning of the academic term of the assignment requested.

1. Name of Sabbatical Leave Recipient \_\_\_\_\_

2. College \_\_\_\_\_

3. Inclusive Dates of Leave \_\_\_\_\_

4. *I request the following assignment:*

Semester(s) \_\_\_\_\_

Course(s) \_\_\_\_\_ Hours (lec/lab) \_\_\_\_\_

Other assignment (describe) \_\_\_\_\_

5. **Provide a rationale for this request.** (Attach supporting documentation as needed.)

6. **Explain how this assignment is compatible with your sabbatical application.**

7. **Immediate Supervisor:** Approve  Deny  \_\_\_\_\_

8. **Vice President:** Approve  Deny  \_\_\_\_\_

9. **President:** Approve  Deny  \_\_\_\_\_

*(If request is denied, attach rationale.)*