**Application for Load Balancing**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click here to enter text. | Department: | Click here to enter text. |

|  |  |
| --- | --- |
| Semester: | Click here to enter text. |

I request that the below listed overload hours for the above semester be used to balance my course load another semester within this same academic year in lieu of receiving payment.

|  |  |  |  |
| --- | --- | --- | --- |
| Section Number | Course Number | Course Title | LHE |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Important: Fewer than 15.00 LHE may be assigned in the fall semester only with the permission of the appropriate vice president. If you are assigned fewer than 15.00 LHE in the fall semester, you must make-up the scheduled underload in the spring semester.**

***Please print this form, sign and date below, and forward to your dean and vice president (if required) for signature.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Faculty Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean Signature Date

***Vice president signature required for fall semester schedule underload ONLY.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Vice President Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ROUTING UPON APPROVAL:**

Instruction Faculty Member Payroll

|  |  |
| --- | --- |
| **FOR PAYROLL OFFICE USE ONLY** | |
| Total LHE Banked to Date |  |
| Total LHE Off *(for unbanking only)* |  |
| LHE Remaining *(for unbanking only)* |  |
| LHE Compensation Rate in Effect |  |
| Account Distribution |  |
| Pay I.D. |  |
| Position Number |  |
| Record Number |  |