### Graduate Assistant Overload Request Form

(This form must be completed and submitted in IRIS at least 7 days prior to the start of the overload appointment)

#### I. STUDENT

**Current Appointment**

<table>
<thead>
<tr>
<th>Name: ____________________________________________</th>
<th>Student ID: _____________________________</th>
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</table>

Appointment Title: _______________________________________________________  FTE: ______________

Appointment Title: _______________________________________________________  FTE: ______________

**Proposed Overload Appointment**

Appointment Title: _______________________________________________________

Duration of Appointment: from __ __ / __ __ / __ __ __ __ to __ __ / __ __ / __ __ __ _

Average Hours/Month: ________________  Employing Department: ________________________

**Student:** The above information is correct, and I accept the responsibilities associated with the proposed overload.

_________________________   _____________________________ __ __ / __ __ / __ __ __ __

Signature  
Print Name  

#### II. DESCRIPTION OF OVERLOAD ACTIVITIES AND JUSTIFICATION FOR NEED

(TO BE COMPLETED BY OVERLOAD EMPLOYER ONLY; ATTACH ADDITIONAL DOCUMENTS)

(If overload is for instructional purposes, include: course name, course number, and approximate number of students enrolled in section)

**Overload Assignment Supervisor (if different than Academic Chair):** I certify that the student named above has been offered employment in the qualified position above and is assigned the job duties provided for the dates indicated.

_________________________   _____________________________ __ __ / __ __ / __ __ __ __

Signature  
Print Name  

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Upon approval from the Dean of the Graduate School, please attach this form with the ePAR and submit to Human Resources for further approval.

Revised 04/21/2017
### III. APPROVALS

**Advisor:** I have reviewed the proposed work and it should not affect academic performance.

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<tr>
<th>Signature</th>
<th>Print Name</th>
<th>MM DD YY YY YY</th>
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**Academic Department Chair/Academic Dean:** I have reviewed the proposed work and it should not affect academic performance.

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**Graduate School:**

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