

**UNIVERSITY OF BALTIMORE**  
Exception Form for Exceeding Overload Limitations

Teaching Term: \_\_\_\_\_, 20\_\_

This document serves as certification that [employee name] \_\_\_\_\_  
is an employee at University of Baltimore with the job classification of

- \_\_\_ Full-time staff within the Office of \_\_\_\_\_
- \_\_\_ Adjunct faculty
- \_\_\_ Full-time faculty in the School/College \_\_\_\_\_

**The attached adjunct faculty contract exceeds the overload limitations set forth in the Adjunct Faculty Policy, and an exception is being requested.**

Limits and required signature approvals are as follows:

- **Full-time staff** - for one 3-credit course/term on an overload basis, a Secondary Employment form is required and supervisor approval. Credits above 3 per semester, or the proportional number for a different length term, require supervisor approval and the approval of the provost or the vice president to whom the supervisor reports.
- **Adjunct faculty** (who are not FT UB employees) – credits above 6 per semester (or a proportional number) require an exception signed by the dean or deans of the school(s) in which the person teaches. Credits above 9 per semester (or a proportional number) require the approval of the dean or deans and the provost.
- **Full-time faculty** - for one 3-credit course/term on an overload basis, a Secondary Employment form is required and dean’s approval; credits above that (or a proportional number) require the approval of the dean and the provost.

Courses being taught for the term noted (use course abbreviation):

- |    |       |                     |
|----|-------|---------------------|
| 1. | _____ | # of credits: _____ |
| 2. | _____ | # of credits: _____ |
| 3. | _____ | # of credits: _____ |
| 4. | _____ | # of credits: _____ |

The terms of the additional contract are as follows:

Course: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Dean/Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Dean (as appropriate): \_\_\_\_\_ Date \_\_\_\_\_

Vice President/Provost: \_\_\_\_\_ Date \_\_\_\_\_