



**Form IV.D.1: Overload Course Deferral Request**

Use this Form to request that your compensation be deferred for any overload courses. This form must be submitted **before** the first day of class of the overload course.

Name: \_\_\_\_\_  
Last First Middle Initial  
Employee ID: \_\_\_\_\_

**OVERLOAD COURSE INFORMATION**

Course Number: \_\_\_\_\_ Location: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Date Class Begins: \_\_\_\_\_

I consent to the deferral of all compensation for the above-indicated courses. I understand that any changes to my election to defer compensation for the above course must be submitted prior to the first day of class. I have read and agree to follow the policies and procedures found in the Board Policy Manual Section IV.D.1.(i). and applicable Chancellor Procedures.

\_\_\_\_\_  
Signature Date

***For Office Use Only***

**DEAN OF INSTRUCTION:**  
Date Request Received: \_\_\_\_\_  
 Approved  Denied  
\_\_\_\_\_  
Signature Date

**PAYROLL:**  
Date Request Received: \_\_\_\_\_  
Date Deferral Effective: \_\_\_\_\_  
\_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Printed Name



## **Form IV.D.2: Leave Semester Request**

Use this Form to request a Leave Semester. This form must be submitted **at least two semesters prior** to the requested leave semester.<sup>1</sup> This form may be submitted alongside the faculty member's final overload course deferral request, making them Leave Semester-eligible.

Name: \_\_\_\_\_  
Last First Middle Initial

Employee ID: \_\_\_\_\_

### **Semester Requested:**

Term: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### ***For Office Use Only***

#### **DEAN OF INSTRUCTION:**

Date Request Received: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

#### **VICE PRESIDENT-INSTRUCTION**

Date Request Received: \_\_\_\_\_

Approved  Denied

\_\_\_\_\_  
Signature Date

#### **PAYROLL:**

Date Request Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

\_\_\_\_\_  
Signature Date Printed Name

<sup>1</sup> This Form and the Faculty Member's request to defer their last extra course assignment to become Leave Eligible may be submitted simultaneously.



**Form IV.D.3: Leave Semester Approval**

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_,

I hereby  Approve  Deny your \_\_\_\_\_ request to take a Leave Semester in  
Date Received

\_\_\_\_\_  
Term                      Year

\_\_\_\_\_  
Signature of Vice President of Instruction



**Form IV.D.4: Payout Request**

Use this Form to request a cash payout.

Name: \_\_\_\_\_  
Last First Middle Initial

Employee ID: \_\_\_\_\_ Requested Payout Amount: \$ \_\_\_\_\_

I am requesting a cash payout in the above amount, to be paid out of my Leave Bank Account with my next regularly scheduled paycheck after processing is complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
***For Office Use Only*** \_\_\_\_\_

**PAYROLL:**

Date Request Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name