



Peralta Community College District

ADJUNCT OVERLOAD FORM

(Includes overload with ZZOIS or ZZPTO [Ancillary] Assignments)

To: Vice Chancellor for Academic Affairs

From: College President

Re: **Request and Justification for Overload Exception**

*[*Please complete]*

Name of Adjunct Faculty: *

College: *

Amount and Type of overload assignment: *

Period of time being overloaded: *

Reason and justification for overload: (If requesting an LTS, state whose authorized medical or long-term leave of absence this LTS faculty member is replacing.)
*

The total load of the above-mentioned adjunct faculty member has been verified and entered into the Peralta system; and **a copy of their Term Workload Screen for the period in question is attached to this form, and for the previous four (4) regular terms, if applicable.**

The above adjunct faculty member has been advised that this overload assignment does not count towards permanency of employment nor towards tenure, and is of a limited scope and period of time.

I certify that all efforts have been taken to assure that the above adjunct faculty member will not incur “backdoor” faculty status. I also certify that the above adjunct faculty member has not and will not be overloaded for more than two (2) semesters within any three (3) consecutive year period.

Signatures:*

Dean:	Date:	APPROVED:	Date:
Vice President:	Date:		
President:	Date:	Vice Chancellor for Academic Affairs	