

FACULTY OVERLOAD AUTHORIZATION

SCHOOL: The College of William and Mary

DEPARTMENT: _____

Name	Banner ID	Index	Account	Credit Hours	Begin Date	End Date	Requested Check Date	Description	Payment Amount
Total Payments									\$ -

Departmental Approval: _____ Date: _____

Dean Approval: _____ Date: _____

Corporation:
 W&M
 Local
 VIMS