



University of Guam Request for Approval Of "Cross Unit" Load Reduction, Overload, or Services for Academic Administrators and Faculty*

_____ Name of Requestor (faculty or administrator)	_____ Signature and Date
_____ Primary Dean or Director or VP as appropriate to whom requestor reports	_____ Signature and Date
_____ Dean or Director or VP of Unit Initiating and or funding activity	_____ Signature and Date
_____ Name of funding unit / requestor of services	_____ Date of Request

Is funding secured? yes no no = proposal submitted but no award received

Describe Activity or Project: (teaching, research, service, grant work)

Describe Role Desired: (i.e. PI on grant, external evaluator, instruction, trainer, etc.)

Duration: From _____ To _____

Describe Financial Plan: (% of FTE, duration of project, is % of time based on 9 month or 12 month; is summer employment included? At what level? is an overload proposed? Is it proposed as an independent contract-outside employment or reimbursement of % of faculty load to home college or center? Is this activity requested as university service, cross unit?):

Required Attachments: 1) project description (course outline; grant application, MOU, project proposal); 2) Current CFES, Load Sheet; 3) Proposed CFES & Load Sheet.

**This form is required for all Academic Administrators and Faculty who are considering opportunities for engagement in activities that are external from their primary unit. These include teaching, research and evaluation, & provision of services or grant related activities that are "outside" of the administrator or faculty member's primary assignment. Approval must be secured prior to any commitments being made.*

Original Copy: Primary Administrator/Dean / VP, Copies to Collaborating Administrator/ Dean / VP, and Requestor.