

KUTZTOWN UNIVERSITY
Kutztown, Pennsylvania

DEPARTMENTAL REPORT OF OVERLOAD FOR CLASS COVERAGE
OF FACULTY MEMBER ABSENT MORE THAN ONE WEEK DUE TO ILLNESS

Faculty Member: _____ Department _____

FALL SEMESTER

Course No.	Section	Course Title	S.H.	Faculty Member For Whom Class is Covered	Dates Covered

SPRING SEMESTER

Course No.	Section	Course Title	S.H.	Faculty Member For Whom Class is Covered	Dates Covered

Department Chairperson _____ Date _____

This is an accurate accounting of my covering of classes in the absence of colleague(s).

Faculty Member _____ Date _____

Dean's Signature _____ Date _____