Santa Clarita Community College District

Faculty Load Bank Application

A completed and signed form is due to the Office of Instruction by the end of the first week of the semester in which the class begins.

Employee Name		Employee ID#		
I request that m	ny overload hours for t	the class(es) listed below be bar	nked in lieu of receiving p	payment:
Check one sem	ester	☐ Spring	20	Year
Subject	Section #	Course Number and Title	Total Number of Hours/TLUs	Banked TLUs/Hours **
***			1	
""Non-mstruct	ional faculty will attac	ch a detailed record of semester	nours to be worked.	
will be cance more than the retire, die, or accumulated member or h	elled and I will be e equivalent of one otherwise separat banked hours sha	or that I cannot complete paid for any hours I taugh e semester of load hours. See from employment with tell be paid at the overload receives) in a timely manner.	t. I understand that I should a full-time unthe District, the total	may accumulate no it member resign, value of his/her
Emi	ployee Signature		_	Date
CIC) Signature			Date
Distribution:	I	Payroll Human Resources Instruction Office Employee		
For Payroll Serv	vices Use Only:	Day Date in Effect		
Date Received: _		Pay Rate in Effect		