



**Form to Request Approval for  
Over-teaching and Additional Compensation to Full-Time Faculty Members**

This form must be signed by the Dean’s Office to confirm approval before faculty can receive payment for additional work. **Work begun before approval is confirmed will not be compensated.**

- For **Over-teaching Requests** please e-mail this completed form to Cara Mandarino ([cbb2141@gsb.columbia.edu](mailto:cbb2141@gsb.columbia.edu)), [facultyaffairs@gsb.columbia.edu](mailto:facultyaffairs@gsb.columbia.edu) and [samberg@gsb.columbia.edu](mailto:samberg@gsb.columbia.edu) with the subject line: Overteaching Approval – Last, First.
- For **Other Additional Compensation approvals** please e-mail this completed form to Cara Mandarino ([cbb2141@gsb.columbia.edu](mailto:cbb2141@gsb.columbia.edu)) and [facultyaffairs@gsb.columbia.edu](mailto:facultyaffairs@gsb.columbia.edu) with the subject line: Add Comp Approval – Last, First.

Faculty Member’s name: \_\_\_\_\_ Date: \_\_\_\_\_

**Over-teaching**

Proposed Classes to be Taught

Semester:	Course/Section #:	Course Title:	Core/Elective	Teaching Credits

Please explain why additional class is needed and who requested it: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- I would like to be paid out for \_\_\_\* extra teaching credits during the semester in which I teach
- I would like to bank \_\_\_\* extra teaching credits for future course relief and understand that I cannot be paid out in the future even in instances of loss of employment or death.

\* Specify exact number of full or partial credits to be paid or banked.

**Other Activities for Additional Compensation**

Proposed Activity to be Compensated

Semester (e.g. Fall 2019)	
Activity Type*	
Activity Description	
Requested by	
Amount	

\*Advise Independent Study, Advise Thesis, Core Course Coordinator, Lecture in orientation, course, or boot-camp, MS Program Director, etc

Please explain why activity is needed and who requested it: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Faculty member’s signature: \_\_\_\_\_ Date \_\_\_\_\_

Division Chair approval signature (for teaching only): \_\_\_\_\_ Date \_\_\_\_\_

Senior Vice Dean’s Office approval signature– Activity is needed \_\_\_\_\_ Date \_\_\_\_\_

Finance and Administration approval signature – Under 20% confirmed \_\_\_\_\_ Date \_\_\_\_\_