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			
		F	FALL SEMEST	ΓER		
Course No.	Section	Course Title	S.H.	Faculty Member For Whom Class is Covered	Dates Covered	
		SF	PRING SEMES	STER		
Course No.	Section	Course Title	S.H.	Faculty Member For Whom Class is Covered	Dates Covered	
Department Chairperson				Date		
This is an accu	rate accounting of	my covering of classes in the a	bsence of collea	ague(s).		
Faculty Member				Date		
Dean's Signature				Date		