BOSTON UNIVERSITY
FACULTY OVERBASE REQUEST FORM

Instructions *Please use this form when requesting overbase(s) approval totaling more the 3/9ths of base salary or more than 10% of base salary.*

Name (Last, First, MI)	University ID Number	Effective Date
School, Department		
Base Salary	Total Overbase Amount Total Overbase as Percent of Base Salary	3/9th Base Salary Amount
Funding source(s)	Overbase Reason ☐ Teaching ☐ Research ☐ Other:	☐ REP ☐ NREP
EXPLANATION (of how the rate/overbase was determined)		
Year-Semester Course Title Course # CR Hrs Est. Enrollment		
RATIONALE (for Faculty Member to teach this course on over base)		

SIGNATURES			
Chair	Date	Dean	Date
Other	Date	Provost	Date