

ATENEDE MANILA UNIVERSITY  
LOYOLA SCHOOLS

**LOAD COMPENSATION FORM**

**OVERLOAD**

**UNDERLOAD**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Department: \_\_\_\_\_ Date submitted: \_\_\_\_\_

School: \_\_\_\_\_

No. of overload units: \_\_\_\_\_ No. of underload units: \_\_\_\_\_

Reason for overload/underload: \_\_\_\_\_

Request to

credit overload to SY: \_\_\_\_\_  Summer  Sem I  Sem II

cover lack of units during \_\_\_\_\_

Please explain reasons for the request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Overload/underload units cannot be compensated in terms of load for two succeeding school years.**

**Please submit this form to the Chair for endorsement.**

*To the Chair:* For overloads, please assess if there are compelling reasons for the overload to be credited to the next school year, e.g., time will be used for committee work, graduate study, etc., and submit to the Dean of the School. For underloads, please make sure that the additional load is considered in the departmental planning of faculty loads.

Endorsed                      Remarks:

Endorsed with reservation

Not Endorsed

\_\_\_\_\_  
Chair's Signature

\_\_\_\_\_  
Date

Endorsed                      Remarks:

Endorsed with reservation

Not Endorsed

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date

Approved                      Remarks:

Disapproved

\_\_\_\_\_  
VP for LS

\_\_\_\_\_  
Date