

PASADENA AREA COMMUNITY COLLEGE DISTRICT  
**APPLICATION TO BANK OVERLOAD HOURS**

Semester \_\_\_\_\_ Year \_\_\_\_\_  
 Name \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Division \_\_\_\_\_ Extension \_\_\_\_\_

An application form must be submitted *no later than the end of the second week of classes* each semester that overload hours are to be banked. **NOTE: Timesheets, with absences noted, must be submitted in accordance with scheduled due dates to the Offices of Human Resources. The account number should read:**

01- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
your cost center    program code

**FTE TO BE BANKED:** 2.4 FTE maximum per individual. Signatures are required each semester overload is banked.

SECTION NUMBER	WEEKLY HOURS	WEEKS	FTE	PAY RATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____

\_\_\_\_\_  
 Applicant's signature \_\_\_\_\_  
Date

**NOTE:** An "Application to use Banked Hours" must be submitted one semester in advance of proposed use, except when used in conjunction with a sabbatical, in which case the application must be submitted when the sabbatical leave is approved.

**APPROVALS:**

\_\_\_\_\_  
 Division Dean \_\_\_\_\_  
Date

\_\_\_\_\_  
 Asst. Sup./ Vice President, Instruction \_\_\_\_\_  
Date