## **Application for Banking Hours**

<u>Important:</u> This form must be approved by the department chair and dean and submitted to the Payroll Office prior to the last day of the second week of the semester or the first meeting of the class to be banked (for late start classes).

Name:	Click here to enter text.	Department:	Click here to enter text.	Semester:	Click here to enter text.
l request	that the below listed over	load hours for t	the above semester be bar	nked in lieu c	of receiving payment.

Section Number	Course Number	Course Title	LHE
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			

By signing below, I agree to the following:

In the event the above class(es) cancel, this agreement will be canceled and I will be paid for any hours taught. I understand that I can accumulate no more than 21 LHE. If I do not unbank the LHE by the tenth calendar year following the year in which the LHE were banked, I will be paid for those LHE at the LHE compensation rate in effect at the time those LHE were banked.

REQUIREMENTS: Banked hours may not be accumulated and used in the same semester. Summer intersession assignments may not be banked. Reassigned time may not be designated as overload and cannot be banked. For more information regarding conditions for banking and unbanking, please see the District/Faculty Assembly Agreement, section D.3.0.

Please print this form, sign and date	below, and fo	our department chair.		
Faculty Signature		Date		
DEAN/DEPARTMENT CHAIR APPROV	AL:			
Request approved:	□Yes	□No		
Request denied due to:				
Department Chair Signature			Date	
Dean Signature		Date		
ROUTING UPON APPROVAL:				
☐ Faculty Member <i>(copy)</i> ☐ Payroll	(original)			

FOR PAYROLL OFFICE USE ONLY				
Total LHE Banked to Date				
Total LHE Off (for unbanking only)				
LHE Remaining (for unbanking only)				
LHE Compensation Rate in Effect				
Account Distribution				
Pay I.D.				
Position Number				
Record Number				