

Hofstra University

University Banked Hours

Academic Year _____

Banking Request Deadlines	
Fall	10/31
Spring	3/31
SS1/SSII	No later than end of first week of classes

(Check one)

Name	Hofstra ID	Department	Banking Hours	Using Hours	Budget# (Org)	#Fall Hours	#Spring Hours	#SS_ Hours

If this banking results in an overpayment of overload/per capita pay, I approve that the overload/per capita amount that I have already been paid can be deducted from other pay which I receive from the University (e.g. Base Salary, stipend, etc.).

Faculty Members's Signature: _____

Date: _____

Chairperson's Signature: _____

Date: _____

Dean's Signature: _____

Date: _____

Provost's Signature: _____

Date: _____

*This form is to be completed and returned to the Provost's Office

(BANKEDHR.FRM 09/11/2012)