**AMERICAN UNIVERSITY OF SHARJAH**

Finance Department

## Faculty Overload Approval Form

**SCHOOL/ COLLEGE:** **SEMESTER:** **DATE:**

| AUS ID | Employee Name | | Department / Cost Center | Course Details | Amount | | Payment Schedule | | |
|---|---|---|---|---|---|---|---|---|---|
| | Last Name | First Name | | | In US$ | In AED | Installments | From Month | To Month |
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Approved by: Dean

Date

Approved by: VCAA

Date

Actioned by: Payroll Office

Date