RUTGERS
School of Nursing

School of Nursing
Rutgers, The State University of New Jersey   Phone: (973) 353-3694
180 University Avenue   Fax: (973) 353-1277
Newark, New Jersey 07102
http:nursing.rutgers.edu

PTL/ Coadjutant (COAD) Faculty Appointment & Overload Tracking Sheet

Divisions/Unit: _____   Date:_____

PTL (RIAS) _____   COAD _____   Reappointment _____   **New*** _____

(Please enter Yes or No)   ** If NEW, please complete attached NEW HIRE form 1B and enter mailing address*

Last Name: _____   First Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Credentials: _____   Program: Graduate _____   Undergraduate _____

Email: _____   Contact Number: _____

Course/s To Be Taught: *(provide index, course number, section and name)*

Lecture _____   Clinical_____ *(Please enter Yes or No)*

Index: _____ Course #:_____   Course Section: _____ Course Name:_____

Location: _____   Expected # of Students _____   # of Course Credits: _____

7 Weeks _____   14 Weeks _____ Session Dates: _____   Times: _____

Lecture _____   Clinical_____ *(Please enter Yes or No)*

Index: _____ Course #:_____   Course Section: _____ Course Name:_____

Location: _____   Expected # of Students _____   # of Course Credits: _____

7 Weeks _____   14 Weeks _____ Session Dates: _____   Times: _____

Lecture _____   Clinical_____

Index: _____ Course #:_____   Course Section: _____ Course Name:_____

Location: _____   Expected # of Students _____   # of Course Credits: _____

7 Weeks _____   14 Weeks _____ Session Dates: _____   Times: _____

Total # of Credits: _____   Term: Fall _____ Spring _____ Summer _____ Winter _____ Year: _____

Overload? Yes _____   No _____   NA _____   If YES, how many credits overload? _____

Rationale for OVERLOAD: _____
_____

Overload Options: Workload Release _____   Overload Pay _____

Document Tracking (as appropriate)

_____CV   _____ Medical Clearance   _____RN License   _____ CPR   _____Certification   _____ Professional Liability

Comments _____
_____

Submit completed form to Associate Dean for Finance & Administration

_____   _____
Signature of Requestor   Date