

Palomar Community College District

Load Bank Application

Complete and have it approved by the appropriate Department Chair prior to commencing the banked assignment.

Employee Name _____ Employee ID # _____

I request that my overload hours for the class(es) listed below be banked in lieu of receiving payment:

(Check one semester) ☐ Fall ☐ Spring ☐ Summer 20 _____ Year

Section #	Course #	Course Title	Number of Banked Hours for Semester	Full-time Equivalent %

In the event that any of the above classes are canceled or that I cannot complete the class, the agreement for that class will be canceled and I will be paid for any hours I taught. I understand that I may accumulate no more than the equivalent of one semester of load hours. If I have not taken accumulated time off within three years after banking the maximum load, unless an extension is granted by the Superintendent/President, I will be paid for the time banked at the hourly rate in effect at the time the class was offered.

Employee Signature

Date

Department Chair/Director Signature

Date

Dean Signature

Date

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For Payroll Services Use Only:

Date Received _____

Pay Rate in Effect _____