

Staff Teaching Request & Authorization (STRA) Form
(Authorization must be obtained each semester staff member is teaching)
BU-PP 034A

Date _____

Name of staff member _____

Baylor ID Number _____

Home Department Name _____

Budget Department Number _____

Requesting Academic Department _____

School or College _____

Type of Course _____

Semester(s) _____ Number of hours for course and/or lab _____

Coursedays/time _____

Overload pay? ____ Yes ____ No If yes, proposed amount \$ _____

Justification of request

Staff Departmental Authorities:

Academic Departmental Authorities:

Supervisor (as appropriate) Date

Academic Department Chair Date

Department Head Date

Academic Dean Date

Executive Council Member (Division Head) Date

Provost & VP for Academic Affairs Date