



Academic Year and Fiscal Year Contract Addendum for Temporary Overload Compensation

Name: _____	Date: _____
--------------------	--------------------

Dates of Additional Responsibilities: _____ to _____

Amount of Compensation: _____

Description of Additional Responsibilities: _____

Overload pay calculations will be based on the smallest course used in calculating teaching load. Courses with an enrollment of 5 or fewer students will be paid on the same basis as internships/independent studies/research/etc (\$125/student/credit hour). For that reason, please fill out the following table with your information for **all** classes you are teaching during the semester in which you are requesting the overload.

CRN	Course	Number of Students	Course Credit Hours
	Total:		

Approved by Director/Department Head: _____

Approved by Dean/Division Head: _____

Approved by Provost/Vice President: _____

Approved by President: _____

CONDITIONS OF THIS AGREEMENT

This agreement is made expressly subject to the applicable State and Federal laws and to the statutes and regulations of this institution and the Bylaws of the Policies of the Board of Regents which are available for your inspection upon request. Acceptance of this agreement under the terms set forth herein is indicated by signing this agreement.

 Signature of Instructor

 Date: