

If Part-time, number of weeks worked: _____
If SU retiree, number of days worked: _____



School/College: _____

PART-TIME FACULTY OR FULL-TIME OVERLOAD LETTER OF AGREEMENT

Name: _____ Social Security Number: _____
Address: _____ Telephone: _____

For the period beginning _____ and ending _____, you are appointed to part-time responsibilities at the rank of _____ in the School/College of _____ in order to teach the following:

<u>Course No./Section</u>	<u>Course Name</u>	<u>Credit/Contact Hrs.</u>	<u>Salary</u>	<u>Account No.</u>
_____	_____	_____	_____	_____
Fund: _____; Org: _____; Acct: _____; Prog: _____; Act: _____; Index: _____				
_____	_____	_____	_____	_____
Fund: _____; Org: _____; Acct: _____; Prog: _____; Act: _____; Index: _____				
_____	_____	_____	_____	_____
Fund: _____; Org: _____; Acct: _____; Prog: _____; Act: _____; Index: _____				

Total salary of \$ _____ payable in ____ monthly payments of \$ _____ beginning _____ and ending _____. This arrangement assumes an enrollment of _____ students in each course. If enrollment in a course is fewer than _____ students, Samford University reserves the right to cancel the class and the terms of this agreement.

This is a non-tenure track appointment and is subject to renewal at the mutual agreement of both parties. Unless negotiations are opened in the future regarding future teaching, this agreement will expire on the date indicated without further notification.

It is understood that those employed by Samford University will advance its purpose and objectives, uphold its policies, maintain a cooperative spirit with associates within the academic community, dedicate all efforts to the broad interests of the University, and abide by all rules promulgated by the Board of Trustees. The faculty member has no right, express or implied, to act on behalf of Samford University except as described herein, and recognizes that failure to adhere to the rules, regulations and teaching requirements established by the University may result in the termination of this agreement by the University.

If for any reason service ceases before the term of appointment is ended, salary will be prorated and paid to date of termination in accordance with University policies for part-time faculty personnel.

Recommended by

Samford University

Dean

Associate Provost

Date

Date

Payroll

Please sign and return one copy of this form to the Office of the Associate Provost, Samford University, by _____ keeping one original copy for your files. Offer is invalid if not received in the Office of the Associate Provost by _____. This letter constitutes the entire agreement between the parties for its term. **In signing this form, you agree to contact Human Resources to complete the necessary paperwork in order for the Payroll Office to pay the aforementioned payments to you.**

Accepted by

Signature of Faculty Member

Date

For Human Resources Use Only

