Compensation for Teaching

Semester: _____ **Year:** _____

College:_____ Department: _____

Name:_____ UIN: _____

Title: _____ PIN: _____ Base Salary: _____ _ _____

Compensation Amount:_____ Paying Account: _____

Course	SCH	Term/dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are any of the above courses co-taught: [   ] Yes   [   ] No   **If yes, please explain below**

Explanation:

_____

_____

_____

Justification (for Overload payment ONLY):

_____

_____

_____

Submitted by:_____ **Date:** _____

Approvals:

Department Chair _____ [   ] approved   [   ] denied

Dean: _____ [   ] approved   [   ] denied

Provost/VPAA _____ [   ] approved   [   ] denied

FOR PAYROLL OFFICE USE ONLY – Teaching in Excess of 100%

Verified:_____ **Posted:**_____

Payroll Term Dates:_____ **Payment Date(s):** _____