



UNIVERSITY OF SOUTHERN MAINE

University of Southern Maine

Professional Overload

Teaching Agreement

Credit and Credit Equivalent Courses

Date: _____

Campus: _____

College: _____

Department: _____

Prepared By: _____

Name: _____ MaineStreet ID: _____

Address: _____

This Agreement verifies your teaching assignment. The Course you are scheduled to teach is:

Course Number: _____ Class Number: _____

Course Title: _____

Course Location: _____ Course Begins: _____ Course Ends: _____

Days : _____ Time: _____ to: _____ Semester: _____

Days 2: _____ Time: _____ to: _____

Rank: _____ Academic Credit: _____

Salary for this assignment is as follows:

	Cr. Hrs.	Rate per Cr.Hr.	Salary	#Pays	Rate/Period	HR Accounting ID#
	_____	_____	_____	_____	_____	_____
Lab:	_____	_____	_____	_____	_____	_____
Total:	_____	Total	_____	Total	_____	/Tot Cr Hrs:

Payments shall be issued on the last day of each month at the rate per period.

(Fall semester: October, November, December; Spring semester: February, March, April)

If the class is scheduled at an off-campus site and a personal automobile is used, reimbursement by the University shall be in accordance with Board of Trustees policy or applicable collective bargaining agreement, and will be based on distance either from the campus address to the location of the class or from the home address to the location of the class, whichever is the shorter distance. An expense voucher is to be completed by the employee in order to receive payment and is to be submitted to the appropriate administrator after the last class meeting.

The University does reserve the right to cancel classes due to low enrollment. If a course scheduled as part of the normal load, for the semester in which the agreement is effective, is cancelled, the course established by this agreement may be assigned as part of the normal load. In the event of this occurrence, this agreement is void. At the present time, if a course does not have an enrollment of _____ or does not meet certain other college or school criteria, it will be cancelled. The decision to cancel a class normally will be made no later than the time of the first class meeting.

Special terms of the agreement consistent with existing contract requirements:

PROVOST _____ PRINTED NAME _____ DATE _____

HOME DEAN OR DIRECTOR: _____ PRINTED NAME _____ DATE _____

INSTRUCTOR: _____ PRINTED NAME _____ DATE: _____

Distribution: Original: Human Resources
Copies to: Dean, Provost, Department Chair, and Instructor