



Teaching Overload Form
Faculty with Continuing Appointment Only (during Fall and Spring semesters)
 (Teaching overload performed for contract home department(s).)

UNM ID: _____

Date Prepared: _____

Name: _____
 Last, First, Initial

Dept. Contact: _____

Dept: _____

Contact Phone: _____

Org Code: _____

Position Number/Suffix: F9/_____/T_____

* After consultation with appropriate University authorities, it has been determined that you hold a continuing Faculty appointment and thus are eligible to work course overload as approved by your Dean or Director.

It is understood that cancellation of classes or other necessary changes in the semester work schedule of the department may result in revision or cancellation of this agreement. Faculty appointments are governed by applicable policies stated in the Faculty Handbook, as amended from time to time, published and distributed by the University. Summer Session Agreement is contingent upon class enrollment. Undergraduate minimum class size must be 13. Graduate class size must be 6. Please check with your department, college, or branch campuses for specific policies they may have regarding minimum enrollments and/or class cancellations related to online, EU, or other specialized course

Subject/Course/Section or Preceptor/Proctor	Credit Hours	Appt. %	Start Date	End Date	Salary	Earn Code	Index Number	Account Code
						010		2004
						010		2004
						010		2004
						010		2004

I accept the assignment described above:

 Faculty Member Date

Please sign the original and return to the Department of : _____

I further certify that I have declared to the appropriate department administration all other compensation I may be receiving and will not exceed any policy limits on compensation, e.g., 1.25 FTE.

 Department Chair Date

 Department Director/Dean Date