

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: _____				

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.

In accordance with trustee policy, as a teacher of courses in religion or divinity, you explicitly affirm the Baptist Statement of Faith and Message of 1963, including the preface, and without added interpretation. If you have other views, it is your responsibility to attach a written expression of how your beliefs may vary from the Baptist Statement of Faith and Message of 1963.

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  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Provost  
\_\_\_\_\_  
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**

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