THE UNIVERSITY OF MEMPHIS®

EXTRA COMPENSATION FORM
for Instructional Purposes
(To be completed by the HIRING department)

Submit this form to Faculty Administrative Services AD376

Before offering this contract to the appointee, please see the current semester's guidelines.
A form must be completed for EACH SESSION in a semester that part-time faculty will be teaching.*

Please print or type.

Section I: Instructor Information

Name: _____ First _____ Middle _____ Last _____ U #

Is hereby appointed to teach the overload course/s listed below for _____ (HIRING) department in the ◯ Fall ◯ Spring ◯ Summer

_____ Employee's Home Department _____ Employee's Home Department's Position # _____ Timesheet Org. _____ EClass _____ Session No.*

ATTENTION BEFORE SERVICES ARE PERFORMED, THE EMPLOYEE and HOME DEPARTMENT MUST SIGN THIS AS CERTIFICATION OF COMPLIANCE WITH UNIVERSITY PROCEDURES: Staff and Faculty are limited to teaching no more than two classes per semester as extra compensation (overload) at an institution of higher education per TBR POLICY 5:01:05:00. The services to be performed must be in addition to the normal duties and responsibilities of the regular job and must be performed outside of the regular work schedule. If not outside the regular work schedule, approved annual leave must be scheduled and taken. I have read and will comply with the TBR and University Policies for Extra Compensation. I also understand that excess payments for extra compensation may be returned to the University through payroll deduction.

Employee Signature _____ Date _____

*Signature of Employee's Department Head _____ Date _____

Section II: Course Information for each course taught by the instructor for this session

Course Prefix	Course No.	Section No.	Credit Hours	Rate per Hr.	Total Amount Due

Total _____ Hours _____ Total Session Salary

Section III: Payment Information

1st Month Paid	Last Month Paid	# of Payments	Monthly Rate	Total Session Salary

Section IV: Account Information

Earnings Code	Index	Organization Code	Account Code

Comments: _____

Person Completing Accounting Information _____ Name _____ Email _____ Phone

Section V: Signatures

_____ Signature of Employee

Date _____

_____ Approval of Chair of HIRING Department

By signing above I indicate that I have verified the terms of employment.

Date _____

_____ Approval of Dean of HIRING College

By signing above I agree that the department or college funds are available for this position

Date _____

For Human Resources USE ONLY. Do not write in boxes below.		
Monthly Pay Rate:	Approved for Processing:	Date Entered:

For Faculty Administrative Services USE ONLY. Do not write in boxes below.				
Date to HR:	Approve Exception on File in FAS:	RATE	HOURS	Credentials