

Adjunct/Overload Faculty Contract

Employee Name:				Employee ID:					
Employee Degree:				Course Delivery Method:					
☐ Bachelor's degree ☐ Master's degree ☐ Doctorate/Ter				rminal					
Contract Type: Contract			Period: month/day/year						
☐ Adjunct ☐ Overload ☐ Non-instructional			to						
Department Name, Course Assignment and Number: (One per fo				orm) Semester: Year:					
Department Name, Course Assignment and Number: (One per f				☐ Fall	☐ Spring	☐ Summer	20		
Course Level: Course Cred		edit Hours:	Course Funding Category:						
☐ Undergraduate ☐ Grad		☐ Regular ☐ CEL ☐ Local ☐ Grant							
Contract Information: (comments)			Criminal History Records Check:						
			Required: Completed: □ Yes □ No □ Yes Date □ No						
Fund #: Department #:			Projec	Project #: Position #:		Position #:			
Estimated Enrollment: Estimated Salary:			Final Enrollment: (Payroll Use Only) Final Salary: (Payroll Use Only)					dy)	
Don't Chair Cinnature									
Dept. Chair Signature: Date									
I accept this offer and agree to the terms and conditions below:									
a. The professional responsibilities inherent to this position will require satisfactory performance of all duties assigned to me.									
b. I will be required to comply with all relevant rules, regulations, and policies of this institution and the State Board of Higher Education. c. My salary will be paid semi-monthly subject to such perquisites and deductions as stipulated by the Board of Higher Education.									
d. This contract is subject to availability of anticipated funding and/or enrollments and Minot State University may terminate this contract based on									
unavailability or loss of funding or lack of sufficient enrollments as determined by Minot State University, with written notice to employee on or before the first date of employment.									
e. This appointment is dependent upon satisfactory performance of all duties and is subject to State Board of Higher Education and institution policies.									
f. Salary is based on final course enrollment at the end of the 100% add/drop period, and is paid according to the official adjunct/overload pay scale.									
Employee Signature: Date									
CEL Signature:				Date					
CEL Signature: VPAA Signature: VPAF Signature:				Date					
VPAF Signature:				Date					