

**COLLEGE OF ARTS AND SCIENCES
REQUEST FOR PART-TIME CONTRACT OR OVERLOAD ASSIGNMENT**

Name of Candidate _____ BGSU ID#(or SSN) _____

Address (where contract is to be sent) _____

Type of Appointment:

- a. New Employee* Continuing Employee SRP
b. Part-time Overload for: Faculty **OR** Administrative Staff

If this is an overload & employee is on a fiscal year contract, please complete the following:

Is course scheduled during work hours? yes no

If yes, please indicate how time will be made up _____

Credentials Needed for New Appointments:*

- Resume
- Official Transcript of Highest Degree
- Current (original) Letters of Recommendation (2 – not more than one year old)
- Completed I-9 Form with copies of documentation
- DMA form

NOTE: All credentials must be submitted to the College office before a contract can be issued. The I-9 form is not necessary for reappointments or overloads.

Terms of Contract or Overload:

Contract Period: Fall Semester Spring Semester Academic Year Other: _____

Rank or Title: _____

Rate Per Credit Hour \$ _____ Total Payment \$ _____

Course _____	Section & Call # _____	Credit Hours _____
Course _____	Section & Call # _____	Credit Hours _____
Course _____	Section & Call # _____	Credit Hours _____
Course _____	Section & Call # _____	Credit Hours _____

Source of funds: Dept/School FIL Honors Grant SRP LWOP Other _____

DCC number to be charged if other than regular department/school _____

Is this course(s) listed in the Unstaffed Courses Report? Yes No

If not, why not? _____

Signature, Chair/Director Date Department/School

Signature, Dean Date For College use:

Cash: _____