

AOP-1-19-10-01 - TROY UNIVERSITY ADJUNCT FACULTY/FULL-TIME FACULTY OVERLOAD CONTRACT (Revised 9/18/13)

Date: _____

Name: _____ GL Account #: _____

Address: _____ Alabama Teacher Retirement Status:
 _____ Retired Member ____ Current Member ____

ID#: _____ Non-Member ____ Inactive Member ____

1. You are hereby appointed as an adjunct faculty or full-time overload faculty member for the following course section(s):

Course Section(s) _____ Grad: ____ Undergrad: ____ On-Line ____ On-Site ____ Other ____
 _____ Grad: ____ Undergrad: ____ On-Line ____ On-Site ____ Other ____
 _____ Grad: ____ Undergrad: ____ On-Line ____ On-Site ____ Other ____

Semester/Term: _____

Location: _____.

Total for contract (see Pay Calculation below): \$ _____

You will be eligible for payment of the above course section(s), payable upon completion of assignment. You will receive your payment for teaching based on the current Academic Operating Procedure (AOP 8-8-07-01) and the pay date established by Human Resources. This contract terminates on _____.

- 2. If, in the judgment of University administrators, a sufficient number of students do not enroll in the course section(s) covered by this contract to warrant offering this/these course section(s), said contract shall be null and void.
- 3. Your salary will be subject to federal and state income tax withholding and federal social security.

I certify that my state of legal residence is _____.

I certify that the substantive work of this contract will be performed and therefore taxable in the state of _____.

- 4. It is expected of the adjunct faculty to perform institutional duties as outlined in the appropriate faculty publication.
- 5. The signed contract signifies authorization to travel on behalf of Troy University with travel not to exceed \$_____. All travel expenses should be submitted for reimbursement in accordance with the travel policies of Troy University (<http://trojan.troy.edu/epolicy/>). **All air travel MUST be booked through the All Seasons Travel (866-390-7208 or 334-239-4373).**
- 6. Payment Level Determination:
 Masters/Plus____ Doctorate____ 1-8 Course Section(s) Taught____ 9 or More Course Sections Taught____
- 7. Other conditions of this contract are as follows (if appropriate): _____

8. To signify your acceptance of this contract, and your understanding that this contract does not create a right to reemployment in any subsequent term, please sign below and return to your dean, department chair or appropriate designee.

PAY CALCULATION

Accepted: _____	_____	(Date)	(1)	= \$
Approved: _____	_____	(Date)	(2)	= \$
Dean/Director/Department Chair	_____	(Date)	(3)	= \$
			(4)	= \$
			(5)	= \$

Total = \$

NOTE: DIRECT DEPOSIT PAYMENTS WILL BE ISSUED IN ACCORDANCE WITH THE ADJUNCT FACULTY/FULL-TIME FACULTY OVERLOAD PAYROLL CALENDAR <http://trojan.troy.edu/employees/controllers-office/payroll.html>

APPROVED BY: ACADEMIC STEERING COMMITTEE, JAN. 19, 2010 (REVISED 9-18-13)

OPR: DR. LEE VARDAMAN