

TEACHING AGREEMENT FORM
(For Department and Division Use Only)

Instructor's Name _____ Department _____
 Home Address _____ Work Telephone _____
 _____ Home Telephone _____
 E-Mail _____ Soc. Sec. # _____

Summer Session 2018 Courses will be held during one of the following sessions

Session X: June 4 – July 23, 2018

Session 1: June 4 – June 28, 2018

Session 2: July 2 – July 30, 2018

Summer Session (X, 1, or 2)	Course & Section	Days & Hours	Room
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Compensation

Rank _____

Rate per hour x contract Hours = Total Due

_____ **X** _____ = _____

This appointment is contingent on sufficient enrollment. The College reserves the right to cancel classes with insufficient enrollment and consequently alter or terminate this agreement.

This is to certify that I accept the above appointment and that I understand and agree to inform the college of further employment within the college or any other unit of the University.

Signature: _____

Date: _____