

MEMORANDUM

To: Dr. XXX, Dean of XXX
From: Dr. XXX, Chair, Name of Department
Date:
Subject: PART-TIME (OR OVERLOAD) CONTRACT RECOMMENDATION

The Department of XXX is pleased to recommend the following instructor for part-time teaching during the 2013-14 academic year:

Name: _____ A # (8-digit Banner identity- required)
Address: _____
DOB: _____
(ensure current address is shown, or contract is sent to address shown in Banner system)
Phone: _____
E-mail: _____

Course Information			Date		Lab Info	Stipend	Budget Code
CRN (Banner)	Course Identity	Title	from	to	if applicable		(Banner # required)
		(use full course name as per academic calendar)					

Justification for more than one FCE course load (if applicable):

Date of appointment or last review: _____
(If 3 years, review to be attached)

Chair's Comments:

Chair _____ Date _____

Dean's comments:

Dean _____ Date _____