**MEMORANDUM**

**To:** Dr. XXX, Dean of Arts

**From:** Dr. XXX, Coordinator, 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 XXX academic year.

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course** | | | **Date** | | **Lab Info** | **Stipend** | **Budget Code** |
| CRN (Banner) | Course Identity | Title | from | to | if applicable |  | (Banner # required) |
|  |  | (use full coure 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