

**MONTCLAIR STATE UNIVERSITY**

***Approval/Payment Form for Teaching Assignment(s) for Professional and Administrative Staff***

Members of the professional and administrative staff may be called upon to teach in areas in which they are academically qualified. The divisional vice president must approve all such instructional activity, in advance.

For deans and vice presidents, this teaching responsibility may be scheduled at any time during the day or evening and will not be compensated. Certain members of the professional staff may be required as part of their normal duties to teach a class(es) in any given term. In these circumstances, the class(es) may be scheduled at any time during the day or evening subject to the approval of the employee's divisional vice president. In these cases, there will be no additional compensation.

**Professional AND Administrative staff who are qualified to teach and who do not teach as part of their normal assignments may, with the approval of the vice president, be permitted to do so. Such teaching may not interfere with the primary responsibilities of the individual. Compensation for such teaching will be at the appropriate overload rate.**

Submit to the Division of Human Resources – Overlook Corporate Center, 150 Clove Road – 3<sup>rd</sup> Floor, Little Falls, NJ 07424 by: **Fall – August 4<sup>th</sup>, Winter – November 20<sup>th</sup>, Spring – December 18<sup>th</sup>, Summer – April 17<sup>th</sup>**

**For instruction that will take place during standard business hours, explain how the employee will make up missed work hours (identify specific days/times):** \_\_\_\_\_

\_\_\_\_\_

APPOINTING DEPARTMENT \_\_\_\_\_ FALL \_\_ SPRING \_\_ SUMMER \_\_ WINTER \_\_ 20\_\_

EMPLOYEE NAME \_\_\_\_\_ CWID # \_\_\_\_\_

#1: COURSE # \_\_\_\_\_ TITLE: \_\_\_\_\_ # TCH(S) \_\_\_\_\_

COURSE MEETING: LOC: \_\_\_\_\_ DAY(S): \_\_\_\_\_ TIMES: \_\_\_\_\_

#2 COURSE # \_\_\_\_\_ TITLE: \_\_\_\_\_ # TCH(S) \_\_\_\_\_

COURSE MEETING: LOC: \_\_\_\_\_ DAY(S): \_\_\_\_\_ TIMES: \_\_\_\_\_

Account No. \_\_\_\_\_ Period Covered: From: \_\_\_\_\_ To: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Rate: \$ \_\_\_\_\_ per \_\_\_\_\_ Special Notations, if any: \_\_\_\_\_

\_\_\_\_\_

REQUESTED BY (Appointing Dept. Chair/Subj. Area Dir.): \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY Appointing Dean: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY Appointee's Supervisor: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY Appointee's Divisional VP: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY Office of Provost/AVPAA: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY Vice President for Human Resources: \_\_\_\_\_ DATE: \_\_\_\_\_

FINAL APPROVAL FOR PAYMENT BY Office of Provost/AVPAA: \_\_\_\_\_ DATE: \_\_\_\_\_