**Summer Term Compensation For Full Time Faculty**

Employee Name:

Dates of Additional Responsibilities: to

|  |  |  |  |
| --- | --- | --- | --- |
| **Course / Responsibility** | **Session** | **Credit Hours** | **Compensation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total:** |  |  |  |

**Terms of Agreement:**

This agreement is based upon and subject to the following conditions:

* Satisfactory Enrollment— I understand that in the event that the course enrollment falls below the minimum, the decision to proceed with the course will be determined by the Office of the Provost.
* The compensation listed on this agreement could change, depending upon course enrollment numbers, up until the drop/add date of the given session(s). After the drop/add date, course compensation will not be changed. See Summer Pay information at [http://www.mga.edu/faculty-staff/docs/Faculty­\_Summer\_Pay.pdf](http://www.mga.edu/faculty-staff/docs/Faculty_Summer_Pay.pdf).
* Failure to report any outside occupational activities may result in disciplinary action.
* Engagement in outside occupational activities cannot be conducted during contractual hours, and they must not interfere with faculty responsibilities as outlined in the faculty handbook.

I accept the contract amendment under the terms set forth.

Signed:

Date:

Approvals:

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*Department Chair Date Dean Date*

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*Provost Date Executive Vice President, Finance and Operations Date*

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*President Date*