

## **OLD DOMINION UNIVERSITY**

Course	Payroll	Form	

	t Faculty, FT Admin, a	ınd Facult	y Sumr	ner Paym	nents	;			Dept. 0	Contact	Person	Cor	tact Email
PART A: General Information and Appointm					nent Data								
Last Name				F	irst N	ame						UIN	
Rank				E	mplo	yee Class		Course Classification				e Classification	
College Department			ment				Dept. Budget Position No.			lo.	. Budget Code		
Semester				С	Course	e Start Date		Cours	se End Da	ite		Course	e Mode
PART B:	Proposed Cours	e Assig	ınmer	nt							Regula	r Pay	Flat Rate Pay
Discipline Course Number		CRN	CRN C		Actual Enrollmer Capacity					Rate		Payment	
	/												
	/												
	/												
	/												
	/												
Justificatio	n (required field)									T	otal Est.	Pay	
									Aca	demi	c Affair	s Use	Only
											Quial	Total	
									Eiaht	(8) Pa	Quick Periods	Totals	Each
											/ Periods		Each
									Six	(6) Pa	/ Periods		Each
											/ Periods		Each
	Approvals re certifies that this facul	tu mombor	han aar	nnloted all	l tha				Four	(4) Pa	/ Periods		Each
	requirements.	ly member	rias con	ripieteu aii	uie					Pa	yment I	nform	ation
llse vour Ad	obe Signature below (r	equires at l	least Ad	lohe Acroh	at Re	aader)			Pay Date Amount				
Ose your Au	obe Signature below (r	equires at i	icasi Au	ODE ACIOD	al No	auci)							
Budget Unit	Director												
· ·													
Dean/AVP/[	Director												
Deall/AVE/L	Director								Total E	arnin	as		
								L			<u>-</u>		
	has been completed and												
	to Academic Affairs by cli loading the form using On							A)/D	for Acad	omio	\ffaira		
•	-						1	AVP	ioi Acad	CITIE /	711all5		



## **Teaching Overload and Release Time Request Addendum**

Discipline	Regularly Assigned Courses					Actual	Enrollment	Teachload		
	scipline CRSE CRN		Course Description	(	Credit Hours	Enrollment	Capacity	Associated		
Non Instru	uational Ok	ligations/s	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	accrab Comi	iaa ata \					
NOH-IHSU C	ictional Ot	nigations(s	s) (Release time, PRT, Re	search, Servi	ce, etc.)					
						Total T				
Reque	st for A	dditior	nal Employment <i>I</i>	Addendur	m					
Name of O	utside Emp	loyer		Location of Outside Employer						
Describe P	osition or N	ature of Wo	ork							
Describe D	ays/Hours	of the Week	Utilized by Outside Employ	/er						
is this empl	loyment on	e-time, over	a defined period (if so, defi	ne the period),	or on-going	?				
Annrovo	la.									
Approva	Is									
When the jo	oint/outside the activity		olves teaching or consulting ect or indirect competition w							
When the jo certify that department By signing,	oint/outside the activity t. the immed	is not in dire iate supervi		ith the interests int/outside emp	s of the Univ	versity or pro es not confli	ograms offere	ed by the		
When the jo certify that department By signing,	oint/outside the activity t. the immed	is not in dire iate supervi	ect or indirect competition w isor is confirming that the joi	ith the interests int/outside emp	s of the Univ	versity or pro es not confli	ograms offere	ed by the		