## UNIVERSITY of DUBUQUE

## NAME OF STAFF MEMBER \_

**Staff Approval to Teach** (initiated by Department Head requesting a Staff member to teach a course in his/her department PRIOR to the staff member being listed on that particular term's schedule.)

Term	Day/Time	Course

## Signature of Department Head

Date

Staff Member: please choose one of the following options for the course(s) listed:

A. My contract/letter of appointment includes these teaching responsibilities.

B. This teaching assignment is not part of my contract/letter of appointment. The time spent preparing and leading

this course will be part of my regularly scheduled hours of work. No additional compensation will be received for teaching this course.

C. The teaching assignment is not part of my contract/letter of appointment. All of the time spent in preparing and leading this course will be outside of my regularly scheduled work day. Additional teaching compensation will be based on the standard adjunct teaching compensation schedule.

Comments:

I understand that, for each hour of academic credit, approximately 15 hours of student contact time and 30-45 hours of course preparation time will be expected.

Signature of Staff Member	Date			
Supervisor: please approve or deny this request and sign below:				
APPROVE	DENY			

Comments:

Signature of Supervisor

(Please note: if <u>supervisor</u> and <u>cabinet member</u> are the same person, please sign in both places)

Date