

WAYLAND BAPTIST UNIVERSITY

Plainview Campus

AUTHORIZATION TO PAY FOR FACULTY OVERLOADS OR ADJUNCT FACULTY

Name of Faculty/Adjunct _____ SSN _XXX-XX-_____

Title and Course Number _____ Internet Y_____ N_____

Name of Campus ___Plainview_____

Days and Times _____ Term _____
(Submit separate Overload Form for different terms)

Part of Full-time Load

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Part of Full-time Load YES _____ NO _____

Level of Course Undergraduate _____

Undergraduate/Graduate _____

Graduate _____

Salary if not part of load \$ _____

Only for full-time faculty and other 403B eligible employees:

You may elect to have a portion of overload compensation from this contract contributed to your 403B account equivalent to the percentage contribution you have designated for regular compensation. There is no employer matching of contributions from overload courses. Contributions will be distributed based on the employee's instructions to the fund manager. The employee elects the following contribution to his/her 403B: a. _____no contribution. b. _____Contribution equivalent to the percentage designated for

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Account Number to be charged _____

Travel Differential YES _____ NO _____

If yes, explain _____ Amount _____

Special Information (keys, shared travel, overnight lodging, etc.)

Faculty/Adjunct _____ Date _____

VP Enrollment Mgmt _____ Date _____

VP of Academic Affairs _____ Date _____

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