

COLLEGE OF SOUTHERN IDAHO

Teaching Agreement for Overload Classes

For the Term/Year _____

Employee's ID # _____ SSN _____

Employee's Name _____

Class Name	Item #	Credit	Student #	Dept #	Amount

Total

Payment will be disbursed during the months(s) listed below:

- Spring Term: April**
- Summer Term: June and July**
- Fall Term: Nov and Dec**

Employee's Signature

Date

Dept Head/Division Director

Date

Vice President of Instruction

Date

This agreement must be received by the Payroll Office by the timesheet due date of the first month listed in order to be paid during the month(s) listed above. Incomplete forms will be returned to the Vice President of Instruction and payment will be delayed!