

Faculty Affairs

School of Medicine & Health Sciences



UNDSMHS : Academic Affairs : Faculty Affairs

Increased Income Form (must be approved prior to activity)

Date:	
To:	Dean & Vice President for Health Affairs (SMHS)
From:	

RE: Increased Income

In accordance with the UND "Policy on Outside Activities and Increased Income for Faculty and Administrators" (Faculty Handbook Section 111-5), I request approval to receive compensation for work performed in addition to my customary work period assignment as determined by my chairperson and/or dean.

These duties are clearly in addition to the normal activities and responsibilities expected through by current contract.

Brief Description of Overload Activity:	
Time Period of Overload Activity:	
Amount to be Earned:	

Signature: _____
Faculty Member

Date: _____

Endorsement

Approved Disapproved

Chairperson: _____

Date: _____

Approved Disapproved

Associate Dean: _____
Medicine or Health Sciences

Date: _____

Approved Disapproved

Associate Dean: _____
Education & Faculty Affairs

Date: _____

Approved Disapproved

VP/Dean: _____

Date: _____

NOTE: This form must be accompanied by a corresponding payroll form, whether it be a Job Data Change or Additional/Reduce Pay Form for the overload activity.