

## LETTER OF AGREEMENT/PAY AUTHORIZATION

To: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone # \_\_\_\_\_

This Letter of Agreement will confirm your teaching assignment for \_\_\_\_ Semester, 20\_\_ in the Department of Physical Therapy, College of Health.

PhTh \_\_\_\_\_ Course Title: \_\_\_\_\_

Description of Assignment. { } Instructor { } Lecturer { } Lab Assistant

Course Time and Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

Hours of compensation: \_\_\_\_\_ Rate (amt/hr) of compensation: \_\_\_\_\_

**All teaching appointments for the Department of Physical Therapy are for one semester and are renewable on a semester basis.**

Any handouts or course material that need to be copied **MUST** be submitted to the Department Administrative Office **at least 5 days prior** to the date the material is needed. Items to be copied that are received with less than 5 days for turn around cannot be guaranteed. The Department copy machine is NOT to be used for student copies or for multiple copy projects.

If you are a University employee, please indicate below your University ID number and the name/phone number of your payroll reporter along with the name of your home department.

University ID # \_\_\_\_\_

Home Department \_\_\_\_\_

Payroll Reporter \_\_\_\_\_

Campus Phone # \_\_\_\_\_

We must receive a signed copy of this agreement before we can initiate compensation procedures.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Course Coordinator Approval \_\_\_\_\_