

## Summer Session Assignment Form

Faculty Member Name \_\_\_\_\_

College \_\_\_\_\_

Department \_\_\_\_\_

Summer Session \_\_\_\_\_

Course \_\_\_\_\_

Credit Hours \_\_\_\_\_

FTE (.0833 per credit hour) \_\_\_\_\_

Summer Salary \_\_\_\_\_

Appointment Dates \_\_\_\_\_

The salary stated above is the total salary that will be paid for this summer session course (i.e., summer sessions A, B, C, or alternative schedule courses). By accepting this assignment you agree that there is no entitlement to overload or extra compensation from any other source based on this summer assignment. The assignment is accepted with the understanding that sufficient enrollments are needed to support the course. If it is determined that projected enrollments cannot support the course, it may be cancelled. Any such notice of cancellation shall be made in writing or by email, and made as soon as practicable. To the extent this summer assignment overlaps with another University of South Florida contract, compensation for the other contract will be determined independently of and without regard for this summer session assignment.

Faculty Member's Signature \_\_\_\_\_ Date \_\_\_\_\_