

SAVANAH STATE UNIVERSITY
 3219 College Street
 Savannah, GA 31404
Division of Academic Affairs
Part-Time Faculty Employment Contract

THIS AGREEMENT is made and entered into between Savannah State University (SSU) and _____
 in a part-time faculty status for a period of one semester beginning _____ and ending _____.

It is understood that this Contract defines the only terms of employment, and that nothing in this Contract states or implies continued employment beyond the ending date listed above. In consideration of this agreement, the University agrees to pay the employee for services rendered according to SSU's established salary guidelines. If this Contract is terminated before its expiration date, the salary is also terminated.

Position: _____ Division: _____ College/Department: _____

Budget Code (s)	Contract Number

Course Prefix/ Section Number	Course Prefix/ Title/Credit Hours	Number of Students Enrolled	Location	Beginning Date	Ending Date	Days and Times	Salary per Course (inclusive of Labs)
1.							
2.							
3.							
TOTAL							

CERTIFICATION: This is to certify that I have read and understand my job responsibilities and believe in the philosophy and purpose of Savannah State University. I understand the provisions of this contract and that I am or will become familiar with and abide by the policies and procedures of Savannah State University. Furthermore, I understand that I must hold at least one office hour per week to fulfill the terms of this contract. I also understand that this salary will be paid in **four equal installments**. That is, instructors who begin teaching in August will receive compensation at the end of September, October, November and December. Instructors who begin teaching in January will receive compensation at the end of February, March, April and May.

Signed: _____ /Date _____
 Faculty Member

Distribution: Human Resources
 Faculty Member
 Department Chair
 Dean
 Vice President
 Budget Office
 Payrol

Signed: _____ /Date _____
 Department Chair

Signed: _____ /Date _____
 Dean

Signed: _____ /Date _____
 Vice President for Academic Affairs

Signed: _____ /Date _____
 Budget Officer

NOTE: This Contract is not official until all official transcripts are received and the appropriate signatures have been properly affixed.

Form must be typed