[Place on your department/college letterhead]

**Guidelines:**

1. If the total overload salary amount is over $10,000, the draft LOU must be approved by the Office of the Provost before it is sent or offered to the employee.
2. To the extent possible, all overload payments during the time period in which the duties will be performed should be included in one LOU.
3. If the overload duties are being performed outside of the faculty member’s home department, their chair and dean need to approve of the overload duties before an LOU is signed. The home dean’s signature must also be included on the LOU.

DATE

Name

Street Address

City, State, Zip

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_:

This letter is to offer you additional [teaching/administrative/service] duties to your already existing faculty appointment in the Department of XXX in the College/School of XXX at the University of North Dakota (UND) under the following terms:

* Program: XXX[Department/Division], XXX [School/College] Remove if this is the same as current department
* This responsibility is in addition to duties listed in your [2023-2024] faculty contract and is, therefore, considered an overload.
* Period of additional duties: [dates tied to the semester in which duties will be performed]
* Salary for additional duties: $ XXX
* This offer is subject to the final approval of the Provost of the University of North Dakota.

This appointment is limited to the agreement period stated above. These additional duties may be offered again at the discretion of UND.

1. **Responsibilities:**

These additional responsibilities are determined by the Department of XXX, and are subject to change based on the needs of the Department and/or School/College. These responsibilities/duties may change as a result of periodic evaluations and goal-setting.

1. **Teaching/research/administrative/service:** Your additional assignment and will be [listspecific duties].
   1. Duties
   2. Duties
   3. Duties

**[If teaching]:** Should enrollment fluctuate, causing cancellation of any course section you have been assigned to teach, the course could be replaced or the percent time of your appointment or your assignment will be adjusted.

**[All others]:** In the position of [title/name]/While performing these additional duties, you will report directly to the [supervisor with Title] and will work with the [supervisor with title] to carry out the responsibilities of the College and to accomplish its strategic goals. In performing as [title], you will be evaluated by [supervisor with title]. The evaluation of your performance will be reported to your department and included in your department’s regular evaluation process. This evaluation will not supersede or replace but rather inform the department’s regular evaluation process. This overload assignment has no tenure rights and you serve at the pleasure of [supervisor with title].

1. **Miscellaneous:** This Agreement incorporates your [2024-2025] Faculty Contract as material terms and conditions in addition to those stated which together constitute the entire Agreement between the parties. This Agreement may not be modified except by means of a written amendment signed by the parties. If any term of this Agreement is declared by a court having jurisdiction to be illegal or unenforceable, the validity of the remaining terms will remain in effect, and, if possible, the rights and obligations of the parties are to be construed and enforced as if the Agreement did not contain that term.

Please confirm your acceptance of these additional duties by signing and dating the agreement, and returning a copy to the Dean’s Office/Department Chair, University of North Dakota, Grand Forks, ND 58201. Until signed by you and UND, this agreement constitutes only an offer by UND and not an agreement between the parties. This offer of additional duties expires if a signed copy is not received by the [School/College] within [Time Frame].

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME, Department Chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME, Dean Date

I accept the above appointment and salary under the conditions offered above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Faculty Date