**OFFER LETTER TEMPLATE – ADDITONAL JOB – TEACHING – CLASSIFIED STAFF (Pre-approval from the direct supervisor is required, to certify that there is not a work conflict with a Classified position)**

**Insert Department Letterhead**

Date

Name

Address

Dear Dean of Division Name:

I am requesting an additional job for Name, who is a Classified staff member in the Department/Program. He/She/They will be describe job duties here. We would like to pay him/her/them $\_\_\_ for this additional job starting date and ending date..

The estimated time that will be consumed by the teaching activities that takes away from the employee’s classified position (including preparation, copying, teaching, grading, etc.) is \_\_\_\_\_\_\_\_\_\_\_\_\_. The time away from the employee’s classified staff duties will be handled by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Name, Chair/Director Date

Unit

Concurred (if additional job is for department other than home department:

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

# Name Date

# Employee’s Supervisor

I certify that this additional teaching appointment does not exceed the limit on overload teaching, which allows no more than one additional course per semester over and above the equivalent of a full-time appointment. This overload limit includes all courses taught at the University of Colorado, including Continuing Education and other CU campuses.

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

Staff Member’s Name Date

Concurred:

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

Name, Dean of Division Name, Dean of Division

College of Arts and Sciences College of Arts and Sciences

IFFF Requesting Dept

(if different from home dept)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **For Department/Program Use Only:** | | | | | |
|  |  |  |  |  |  |
| **Is a BGC needed?** |  | **If yes, request for BGC sent to hr-bgc@colorado.edu:** | | |  |
|  |  |  |  |  |  |
| **BGC completion date:** |  |  |  |  |  |
|  |  |  |  |  |  |
| **New CU hire?** |  | **If no, Employee ID #:** |  | **Position #:** |  |
|  |  |  |  |  |  |
| **Funding Distribution Speedtype:** | |  | (if ST blank, dept salary ST will be charged) | | |
|  |  |  |  |  |  |
| **Funding Source L&R?** |  |  |  |  |  |
|  |  |  |  |  |  |
| **If not L&R, explain source of funding:** | |  | | | |
|  |  |  |  |  |  |

Reviewed 02/28/24