



(Please Type)

**KILGORE COLLEGE**  
**REQUEST FOR NON-REGULAR INSTRUCTIONAL SALARY PAYMENTS**  
 (Overloads, Extra Pay, Short Courses, etc.)

	Semester	Year
Instructor: _____	Last	First
_____	MI	Social Security Number
_____	Course Title	Number/Section
_____	When Offered (Time/Days)	Duration of Course (Weeks or Days)
_____	Beginning Class Date	Ending Class Date
_____	Number of Students Enrolled	Total Tuition/Fees Collected
_____	Total Tuition/Fees Collected	Course Expenditures

Rate of Pay: \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

Rate/Contact Hour                      Number of Class Hours                      Pay Requested

Comments/Additional Information:

Requested by: \_\_\_\_\_

Signature of Requesting Official                      Date Submitted

**To Be Completed by Registrar:**

Signature of Registrar	Funding Agency	Approval Number	Date Submitted
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**Authorization for Payment:**

Signature of Administrative Dean	Salary Authorized
Date	Pay Code

DISTRIBUTION:     Payroll  
                            - Administrative Dean

Pay Schedule