

University of North Dakota Position Description

(This is considered Page 2 of the Faculty Academic Contract of Employment)

Other Teaching

Examples include individualized courses, course development, or student advising/mentorship. Columns that do not apply to a particular activity can be left blank, but always include % Effort.

Teaching Type	Term	Subject	Catalog #	Course Title	Credits	Anticipated Enrollment	Co-Taught	# Instructors	% Effort
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Scheduled Teaching % Effort: _____

Scholarly/Creative Activity

Only include activities expected to occur or outcomes expected to be reached during this contract period.

Provide the Overall Scholarly/Creative Activity % Effort in the overall summary box.

Scholarly or Creative Activity Type

Description of Expected Outcome

Extramurally
Funded

% of Effort for
Which Salary
is Extramurally
Funded

Overall % of Effort for Which Salary is Extramurally Funded:

Please enter Overall Scholarly/Creative Activity % Effort:

University of North Dakota Position Description

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Service and Other Activities

The maximum allocation in this category should normally not exceed 20%. Exceptions to this require clearly noted Dean Approval and should be associated with: a) critical, but time-limited, demands of the University, b) activities generating student credit hours or other revenue, or c) administrative duties approved by the Dean.

Service or Other Activity Type	Description of Service or Other Activity

Please enter Overall Service Activity % Effort: _____

Clinical Service/Patient Care - SMHS FACULTY ONLY

Diagnostic and therapeutic clinical services provided within UND-owned and/or affiliated community health system facilities and pursuant to university billing procedures and/or relevant university or college/school clinical service plan provisions.

Description of Clinical Service/Patient Care

% Effort

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Administration

Activity regarding management and/or coordination of programs/activities for a department, college/school, or university.

Administration Type	Description of Administration Activity	% Effort
Dean/Associate Dean		
Chair		
Program Director		
Graduate Director		
Other		

Administration % Effort: _____

Total % Effort: _____

I confirm that the information given in the form is true, complete, and accurate.

This position is subject to other duties as assigned.

For the 2024-2025 academic year, this page 2 agreement is:

the original

Reviewed and approved by:	Typed Name	Electronic Signature	Date Signed
Faculty Member	_____	_____	_____
Department/Division Head	_____	_____	_____
Dean/Principal Admin. Officer	_____	_____	_____

a revision of the original

Reviewed and approved by:	Typed Name	Electronic Signature	Date Signed
Faculty Member	_____	_____	_____
Department/Division Head	_____	_____	_____
Dean/Principal Admin. Officer	_____	_____	_____