

UNIVERSITY OF WISCONSIN-SUPERIOR  
(01-1200-08(C) Revised 6/08)

**CONTINUING APPOINTMENT AGREEMENT – DISTANCE LEARNING CENTER**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

SSN: \_\_\_\_\_

Period of Appointment (inclusive dates): \_\_\_\_\_

Title: \_\_\_\_\_

Salary: \_\_\_\_\_

Accounts to be charged: \_\_\_\_\_

Pay Dates: \_\_\_\_\_

General duties and/or objectives to be accomplished:

Your continued appointment beyond the period stated in this agreement will be dependent upon the satisfactory performance of your duties and responsibilities, and future needs of the Distance Learning Center.

_____	_____
DLC Director	Date
_____	_____
HR Director	Date
_____	_____
Budget Officer	Date
_____	_____
Associate Vice Chancellor for Academic Affairs	Date

I agree to accept this assignment and compensation subject to the above conditions. I agree to provide the service described above and, if a full-time employee of UW-Superior, I realize that there is an overload limit of \$12,000 earned per calendar year from additional positions from within the State and that compensation from Summer assignments cannot exceed two-ninths of my current academic year salary.

_____	_____
DLC Employee	Date

**Forward signed form to Office of Human Resources**

cc: DLC Employee  
Faith Hensrud  
Payroll