Faculty Contract Cancellation

This form is to be used to cancel a Faculty Contract and/or Overload.

Employee Information

Last Name: _____ **First Name:** _____ **Paycom ID: @**_____

Contract Information

Department/School: _____

CRN: _____ **Course No.** _____

Course Name:_____

Begin Date:_____ **End Date:**_____

Contract Amount: _____

Cancellation Information

Reason(s) for Cancellation:

_____

Effective Date of Cancellation:_____

Signatures

Department Chair Signature: _____ **Print Name:** _____ **Date:**_____

Dean Signature:_____ **Print Name:**_____ **Date:**_____

VPAA Signature:_____ **Print Name:**_____ **Date:**_____

Human Resources

Date Received: _____ **Processed By:** _____