

## Cancellation of Appointment for Adjunct Pay

| Prepared by | Department Name | Phone Number |
|-------------|-----------------|--------------|
|             |                 |              |

### Adjunct Employee Information

| PSU ID Number | Position Number | Last Name | First Name | Middle Name |
|---------------|-----------------|-----------|------------|-------------|
|               | D               |           |            |             |

### Instructions to cancel Adjunct Pay

**Please Note:** Excerpt from the University's approved adjunct templates, "The University reserves the right to cancel one or all of the courses listed, should enrollment, in the judgment of the University, be insufficient. If a cancellation occurs, the University will pay a prorated amount for the number of classes held before cancellation and will pay for one class meeting if the cancellation occurs before the first class meeting".

**Please attach a copy of the cancelled AFT/Adjunct letter of offer.**

| <input type="checkbox"/> <b>Partial Cancellation of Appointment</b><br>Number of credits employee is teaching is reduced.<br>(Ex: 4 of 8 credits were cancelled) |              | <input type="checkbox"/> <b>Full Cancellation of Appointment</b><br>Entire contract being cancelled.<br>(Ex: 8 of 8 credits were cancelled) |                      |
|--|--------------|---|----------------------|
| <input type="checkbox"/> <b>Course was cancelled after first class meeting. Pro-rata Payment for number of classes held before cancellation:</b>                 |              |   | \$                   |
| <input type="checkbox"/> <b>Course was cancelled prior to first class meeting. Payment for one course meeting equals:</b>  |              |   | \$                   |
| Term   | Course Title | Revised total credit hours  | Revised Payment      |
|  |              |   | \$                   |
|  |              |   | \$                   |
|  |              |   | \$                   |
|  |              |   | \$                   |
|  |              |   | \$                   |
|  |              |   | <b>Total Payment</b> |
|  |              |   | \$                   |

| Additional Comments (i.e. instructor withdrew) |
|--|
|  |

### Signatures

|                           |  |      |  |
|---------------------------|--|------|--|
| Department Chair Approval |  | Date |  |
| Dean's Office Approval    |  | Date |  |