THE UNIVERSITY OF MEMPHIS®

TERMINATION/CANCELLATION FORM
Part-time Instructional

Please print or type.

Section I: General Information

To be completed by the **DEPARTMENT** as soon as possible to ensure that the correct contract is cancelled and compensation is adjusted accordingly. Termination/Cancellation form is used whenever a class is cancelled or the part time faculty leaves the University before completion of the semester.

Today's Date _____ Instructor's Name _____ Department _____ Banner ID _____ E Class _____

Section II: Original Payment Information on Contract

First Month Paid _____ Last Month Paid _____ # of Payments _____ Monthly Rate _____ Total Salary _____

Section III: Account Information

Course Prefix _____ Course # _____ Index _____ Organization Code _____ Position Number. _____ Account Code _____

Section III: Termination Information

Termination Date: _____

Additional Money Due: ◯ Yes ◯ No

Month: _____ Month: _____

Amount: _____ Amount: _____

Section IV: Signature

Person Completing This Form: _____ Ext: _____ UUID: _____

_____
Departmental Signature

Section V: Instructions

Forward original to: Human Resources - Records
Administration Room 178

Send a copy to:
1. College Dean's Office
2. Faculty Administrative Services

A Tennessee Board of Regents Institution/An Equal Opportunity/Affirmative Action University

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