CLEAR FORM PRINT

ADDITIONAL COMPENSATION CANCELLATION FORM

Use this form to cancel or reduce an Additional Comp Faculty eForm amount.
Please send this form to pbo@towson.edu

Note: If you need to increase the compensation amount, please cancel the original eform and submit a new eForm.

Today's Date: _____ Contract ID #:

Appointee Name: _____ Empl ID:

Contract Adjustment Code: Select one

Current Contract Amount: _____ Revised Contract Amount:

Revised Pay End Date:

Reason for Change:

Initiator's Name: Phone: Email:

Department Head Date Provost Budget Office Date