

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:

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