

MID TERM COURSE REASSIGNMENT WORK SHEET (purple form)

Name of terminating faculty member:		CWID:
Reason for termination:	voluntary (see attached resignation letter)	involuntary (see attached documents)
Position:	Cost Center No.:	

Division Dean Signature _____

Date _____

LIST ALL COURSE NAMES AND SECTIONS REASSIGNED OR ENDED

Course and Section #:	Last class taught (date):	Last class (day):
HR use only: # of days taught:		
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Course and Section #:	Last class taught (date):	Last class (day):
HR use only: # of days taught:		
WILL YOU CONTINUE TO TEACH OTHER CLASSES:	YES	NO
PRO RATE PAY: TOTAL CONTRACT AMOUNT (Ending Courses)		\$ _____
FYTD Paid Thru: _____		\$ _____
		\$ _____
		\$ _____
BALANCE DUE/ OVERPAYMENT:	TOTAL DUE: \$ _____	
Affected pay periods:		

Name of faculty assuming class/s:		CWID:
Position:	Cost Center No.:	
Day first class taught:	Day first class taught:	
ARE YOU CURRENTLY TEACHING OTHER CLASSES?	YES	NO
PRO-RATE PAY:		TOTAL DUE: \$ _____
Affected Pay Periods:		