



APPENDIX T

**COSAFA Cancelled Class
Compensation Form**

This form is to be used when a part-time faculty member is bumped by a full-time faculty member. This form will also be used if a part-time faculty member's class is cancelled two weeks before or after the start of the semester.

1. Class scheduled to teach which has been cancelled.			
CRN:		Semester:	
Course Title		Meeting Day(s)	Meeting Time(s)
Instructor:			
Banner ID:		Date Cancelled:	

2. In order to be appropriately compensated, please complete the following:	
Number of days met with the class:	
Date(s) met with the class:	

3. Please route form in the following order: Dean, Academic Services, and Payroll.		
The above is a true statement of the hours worked by the faculty member.		
Approved by Dean		Date:

To be completed by Academic Services Office	Payroll Information:
Total Lecture Hours	
Total Lab/Activity Hours	
Total Stipend	
Date forwarded to Payroll (Date/Initial)	