ADDITIONAL COMPENSATION CANCELLA HOURN

Usethis form to cancelor reducean Additional CompFacultyeFormamount. Pleasesendthis form to pbo@towson.edu

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

Today'sDate:			ContractD#:	
AppointeeName:		_ EmplID:		
ContractAdjustmentCo	ode:			
CurrentContractAmou	unt:	_	RevisedContractAmour	nt:
			RevisedPayEndDate:	
Reasorfor Change:				
Initiator's Name:		Phone:	Email:	
DepartmentHead	Date		ProvosBudgetOffice	Date