MID-TERM COURSE

REASSIGNMENT WORKSHEET TERMINATION

HOURLY RATES:	$	39.38	Lecture	and Recitation	$630
$		31.56	Lab	and Clinical	$ 505

I.

Name of terminating faculty member:_____ CWID#_____

Reason for termination: ( ) Voluntary (attach resignation letter)
( ) Involuntary (see attached documents)

_____ _____ _____

Division Dean Signature | Cost Center # | Account #

LIST ALL COURSE NAMES AND SECTIONS REASSIGNED OR ENDED

_____ _____ _____

Course Name & Section # | Course Name & Section # | Course Name & Section #

Last class taught: Day:_____ Normal Meeting Days: _____ Date: _____

WILL YOU CONTINUE TO TEACH OTHER CLASSES? ( ) YES ( ) NO

TOTAL CONTRACT – (Ending Courses) $ _____

Pay received through last payroll $ _____

Total pay due on contract through last class day
(total contact hrs lec _____ X $_____/hr) = $ _____
lab _____ X $_____/hr) = $ _____

BALANCE DUE/OVERPAYMENT - Current pay period $_____

AFFECTED PAY PERIODS: _____

II.

Name of individual assuming this class: _____ CWID#_____

Cost Center #:_____ Account # _____

Day of first class taught:_____ Date of first class taught:_____

ARE YOU CURRENTLY TEACHING OTHER CLASSES? ( ) YES ( ) NO

PAYROLL
USE: Job Code:_____ Pos#:_____ Div: _____ Dept: _____Unit:_____

PRO-RATE PAY:

Total hrs: lecture_____ X $_____ = $_____

lab _____ X $_____ = $_____

TOTAL $_____

AFFECTED PAY PERIODS:_____

NOTE: REPORT SUBSTITUTE INSTRUCTORS ON APPLICATION FOR LEAVE AND SUB PAYMENT FORM