MID-TERM COURSE
REASSIGNMENT WORKSHEET TERMINATION

<table>
<thead>
<tr>
<th>HOURLY RATES:</th>
<th>$39.38 Lecture and Recitation</th>
<th>$630</th>
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<tbody>
<tr>
<td></td>
<td>$31.56 Lab and Clinical</td>
<td>$505</td>
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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

<table>
<thead>
<tr>
<th>Course Name &amp; Section #</th>
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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
(totall 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 $__________/hr = $ __________________________
lab __________ X $__________/hr = $ __________________________

TOTAL $ __________________________

AFFECTED PAY PERIODS: __________________________

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