

MID TERM COURSE REASSIGNMENT WORK SHEET (purple form)

CWID: _____

Name of terminating faculty member: _____

Reason for termination: voluntary (see attached resignation letter)
involuntary (see attached documents)

 Division Dean Signature

Cost Center #: _____

Account # _____

LIST ALL COURSE NAMES AND SECTIONS REASSIGNED OR ENDED

Course and Section #: _____ Last class taught: (date) _____ Last class (day): _____ Class meets day/s: _____
 HR use only: # of days taught: _____

Course and Section #: _____ Last class taught: (date) _____ Last class (day): _____ Class meets day/s: _____
 HR use only: # of days taught: _____

Course and Section #: _____ Last class taught: (date) _____ Last class (day): _____ Class meets day/s: _____
 HR use only: # of days taught: _____

WILL YOU CONTINUE TO TEACH OTHER CLASSES: YES NO

PRO RATE PAY: TOTAL CONTRACT AMT-- (Ending Courses)	\$ _____
FYTD Paid Thru: _____	\$ _____
	\$ _____
	\$ _____
BALANCE DUE/ OVERPAYMENT:	TOTAL DUE: \$ _____
Affected pay periods: _____	

Name of faculty assuming class/s: _____ CWID: _____

Cost Center# _____ Account # _____

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

ARE YOU CURRENTLY TEACHING OTHER CLASSES? YES NO

PRO-RATE PAY:	
	\$ _____
	\$ _____
Affected Pay Periods: _____	TOTAL DUE: \$ _____