

ADDITIONAL COMPENSATION CANCELLATION FORM

Use this form to cancel or reduce an Additional Comp Faculty eForm amount.  
Please send this form to pbo@towson.edu

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

Today's Date: \_\_\_\_\_

Contract ID#:

Appointee Name: \_\_\_\_\_ EmplID:

Contract Adjustment Code: | \_\_\_\_\_ |

Current Contract Amount: \_\_\_\_\_

Revised Contract Amount:

Revised Pay End Date:

Reason for Change: | \_\_\_\_\_ |

Initiator's Name:

Phone:

Email:

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Provost/Budget Office \_\_\_\_\_ Date \_\_\_\_\_