## 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:
ContractAdjustmentCode:	
CurrentContractAmount:	RevisecContractAmount:
	RevisedPayEndDate:
Reasorfor Change:	
Initiator's Name:	Phone: Email:
DepartmentHead Date	ProvosBudgetOffice Date