



COSAFA Cancelled Class Compensation Form

*This form is to be used when an adjunct faculty member's class is cancelled **one week before** the start of the semester or **two weeks after** the start of the semester.*

1. Class scheduled to teach which has been cancelled:			
CRN:		Semester:	
Course Title		Meeting Day(s)	Meeting Time(s)
Instructor:			
Banner ID:		Date Cancelled:	

2. In order to be appropriately compensated, please complete the following:	
Number of days met with the class:	
Date(s) met with the class:	
<i>Low enrolled classes may not meet beyond the first session without the approval of the Dean.</i>	

3. Please route form in the following order: Dean, Academic Services, and Payroll.		
<i>The above is a true statement of the hours worked by the faculty member.</i>		
Approved by Dean	Signature:	Date:

To be completed by Academic Services Office	Payroll Information:
Total Lecture Hours	
Total Lab/Activity Hours	
Total Stipend	
Date forwarded to Payroll <i>(Date/Initial)</i>	