



**ADJUNCT PAYROLL  
VOID or TERMINATION**

**LAST\_NAME:**

**FIRST\_NAME:**

**CUNYfirst EMPL ID:**

**DEPARTMENT/PROGRAM:**

FALL

WINTER

SPRING

SUMMER

20

**SELECT ONE BELOW**

**VOID**

*\*\*CLICK HERE IF THE FACULTY NEVER TAUGHT ANY COURSES FOR THE SEMESTER*

**COURSE**

**SECTION**

**REASON**

**TERMINATION**

*\*\* CLICK HERE IF THE FACULTY STOPPED TEACHING ONE (1) OR MORE CLASSES AND COMPLETE THE INFORMATION BELOW.*

**TERMINATION DETAILS**

**COURSE**

**SECTION**

**LAST DAY OF TEACHING**

**ADJUNCT FACULTY OR  
F/T EXTRA COMP**

**NOTES:**

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**Signature of Chairperson/Supervisor**