

NEW YORK CITY COLLEGE OF TECHNOLOGY
TEACHING FACULTY TERMINATION/VOID NOTIFICATION

Semester: _____ Department: _____

Last Name: _____ First Name: _____

ADJUNCT ☐ FULL-TIME TEACHING EXTRA COMP ☐

VOID ☐ TERMINATION ☐

(This section is only for terminations)

COURSE/SECTION 1: _____

COURSE/SECTION 2: _____

COURSE/SECTION 3: _____

COURSE/SECTION 4: _____

COURSE/SECTION 5: _____

COURSE/SECTION 6: _____

Last Day of Teaching Class 1: _____

Last Day of Teaching Class 2: _____

Last Day of Teaching Class 3: _____

Last Day of Teaching Class 4: _____

Last Day of Teaching Class 5: _____

Last Day of Teaching Class 6: _____

NOTES:

Instructions

- VOIDS - check this box if the faculty **never** taught any courses for the semester
- TERMINATION - check this box when the faculty stopped teaching 1 or more classes
- For full-time faculty please only list the extra comp course/section that is being terminated
- Please use the notes section to give us more information about the faculty, ex. you anticipate the faculty member returning before the end of the semester

Filled out by

Date