

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

COURSE/SECTION _____ 1:

COURSE/SECTION _____ 2:

COURSE/SECTION _____ 3:

COURSE/SECTION _____ 4:

COURSE/SECTION _____ 5:

(This section is only for terminations)

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: _____

NOTES:

Instructions

- VOIDS - check this box if the faculty **never** taught any course(s) 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, if appropriate, ie is this someone on a two or three year appointment?

Filled out by

Date