

**Eastern Connecticut State University
Part Time Lecturer Course Cancellation Form
(Per Article 4.6.1 of the CSU-AAUP Collective Bargaining Agreement)**

Name of Lecturer _____

Department _____

Cancelled Course No. & Section _____

Semester _____

Reason for Cancellation

Date of Cancellation _____

Department Chair _____

Signature

Date

Dean _____

Signature

Date

Provost _____

Signature

Date

Approved Yes _____ No _____

Reason (if No): _____

Chief Human Resources Officer

Date

To be completed by HR/Payroll Authorization

Pay Period _____ Amount \$ _____

Emp # _____ Record # _____

*No Union Dues/Fee