Brigham Young University

Research Salary Contract Cancellation / Change Request

Request Date: College & Department:

Type of Contract: Authorization for Research Compensation

Part-Time Faculty Appointment

Supplementary Letter of Appointment (Full-Time Faculty)

Other:

Original Contract Information:

Name: Employee ID No.:

Date:

Amount: $ Chart Block:

Reason for Cancellation / Change:

Replaced by new contract (provided by Department and attached to this request)

Modified contract – effective date:

Total payment to be received on old contract: $

Calculated as follows:

(Attach new contract from effective date to end of contracted time period)

Terminated – no payment to be received.

State reason for termination:

Terminated – effective date:

Total payment to be received: $

Calculated as follows:

State reason for termination:

Other (effective date and explanation:

Department Chair

Dean or Director

Faculty Personnel

If there are any questions regarding this request, whom should we contact?

Name:

Extension: