



Contract Adjustment Form

Employee Name:		Employee ID#	
Term:		Instructional Method:	
Class:		Section:	
Original Contract Amount:		Original Number of Installments:	
GL Account Number:		Colleague Position #	
Adjustment 1			
Date:			
Reason for Adjustment:	Class Cancelled	Contract Cancelled	Position/ Pay Info Correction
<i>New Position Number:</i>		<i>New GL Acct:</i>	
Explanation:			
Adjustment Amount:		Adjusted Contract Amount:	
Date Employee Notified:		Adjusted Contact Hours:	
Prepared By:		Date:	
Approved By:(acct mgr)		Date:	
Print Manager Name:			
Adjustment 2			
Date:			
Reason for Adjustment:	Class Cancelled	Contract Cancelled	Position/ Pay Info Correction
<i>New Position Number:</i>		<i>New GL Acct:</i>	
Explanation:			
Adjustment Amount:		Adjusted Contract Amount:	
Date Employee Notified:		Adjusted Contact Hours:	
Prepared By:		Date:	
Approved By:(acct mgr)		Date:	
Print Manager Name:			
Adjustment 3			
Date:			
Reason for Adjustment:	Class Cancelled	Contract Cancelled	Position/ Pay Info Correction
<i>New Position Number:</i>		<i>New GL Acct:</i>	
Explanation:			
Adjustment Amount:		Adjusted Contract Amount:	
Date Employee Notified:		Adjusted Contact Hours:	
Prepared By:		Date:	
Approved By:(acct mgr)		Date:	
Print Manager Name:			
Adjustment 4			
Date:			
Reason for Adjustment:	Class Cancelled	Contract Cancelled	Position/ Pay Info Correction
<i>New Position Number:</i>		<i>New GL Acct:</i>	
Explanation:			
Adjustment Amount:		Adjusted Contract Amount:	
Date Employee Notified:		Adjusted Contact Hours:	
Prepared By:		Date:	
Approved By:(acct mgr)		Date:	
Print Manager Name:			
Contract Release			
Hours to be Paid:		Date:	
Signature:			