

**University of Maine
PART-TIME FACULTY BARGAINING UNIT**

COURSE CANCELLATION PAYMENT FORM

Name:	Date of Notice:
Title:	MaineStreet ID:
Department:	Semester:

COURSE(S) TO BE CANCELLED	Cr. Hrs.	BEGINNING DATE	SALARY:

REASON FOR CANCELLATION:

WERE ANY CLASSES MET? NO _ YES ____

IF YES, PLEASE EXPLAIN _____

AMOUNT OF CANCELLATION PAYMENT _____

Department Chairperson	Date
Dean/Director	Date

Unit Members shall receive 5 percent of the amount they were to have been paid for course assignments retracted within one month prior to the first class meeting. Assignments cancelled after the first class meeting shall receive 5 percent plus a proportional amount for any classes met. If the course required significant academic preparation (as determined by the department chair) or has not been taught previously by the unit member, the cancellation payment shall be 10 percent.

Earnings Code	Start Date	Stop Date	Number of Payments	Amount	Account Number	Special Term/Condition
CBUNIT	_____	_____				
			PATFABU	_____		