

University of Baltimore
Part-time Faculty Payroll Change Notice

SCHOOL: _____
 DEAN: _____

ACADEMIC YEAR/SEMESTER: _____
 FISCAL YEAR: _____

Complete only one section for each faculty member. List by department and in Social Security numerical order.
SUBMIT IMMEDIATELY AFTER CHANGE(S) IS MADE

Department Budget Charge No. _____	CANCEL List course Number(s)	SALARY CHANGE					
		INCREASE*		DECREASE			
		Number of Courses Added	Additional Compensation	Number of Courses Dropped or Enrollment Under Minimum	Decrease In Salary	Enr.	66% of Tuition Revised Salary
Social Security Number/Name							

 Dean (or designated representative)

Date ____/____/____

*Submit additional contract covering new course added after original contract was submitted.
 HR-00-41