

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

APPOINTMENT CANCELLATION SALARY VERIFICATION

(A concurrent revised Form 717 is required if a multiple quarter appointment is being only partially cancelled.)

Name \_\_\_\_\_ College \_\_\_\_\_

Instruction Fraction \_\_\_\_\_ Department \_\_\_\_\_

Rank \_\_\_\_\_ Department Position No. \_\_\_\_\_

Period of Appointment \_\_\_\_\_ Budget Code No. \_\_\_\_\_

Period of Time Worked \_\_\_\_\_ EMPL # \_\_\_\_\_

Adjusted Salary \$ \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Department Chair's Approval \_\_\_\_\_  
Signature Date

Dean's Approval \_\_\_\_\_  
Signature Date

Academic Affairs Approval \_\_\_\_\_  
Signature Date

FOR PAYROLL DEPARTMENT USE ONLY

\_\_\_\_\_ Personal Holiday Used  
\_\_\_\_\_ Personal Holiday Credit  
\_\_\_\_\_ Additional Salary Adjustment

Distribution: Faculty Affairs; Payroll, Benefits; Budget; Dean; Department