

# CANCELLATION OF SUMMER SESSION APPOINTMENT

SOUTHERN ILLINOIS UNIVERSITY

Name: Last First Middle Employee ID

Rank/Title Job

Department (Organization)

Please Cancel My Summer Session Appointment Effective \_\_\_\_\_  
Date

Position ID	AIS Budget Description	AIS Proportions	AIS Fund	AIS Unit	AIS Budget Purpose	AIS Dept Activity1	AIS Dept Activity2	AIS Function	AIS Natural Account

The Original Appointment Period Was:

8 Week Summer Session: \_\_\_\_\_

Other Dates of Appointment: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date

**Administrative Approvals** (As required by campus)

Chair.Fiscal Officer \_\_\_\_\_ Date Chair.Fiscal Officer \_\_\_\_\_ Date Chair.Fiscal Officer \_\_\_\_\_ Date