



Carbondale Campus End User Instructions
FORM –Cancellation of Summer Session Appointment

Use: To cancel a faculty member’s summer session appointment with the university, regardless of the source of funds for the appointment.

Access: Obtain necessary form(s). Electronic forms are available through the eforms website *eforms* (<http://eforms.siu.edu/siuforms/info/hro3006.html>)

Instructions: Complete the form using the following instructions. Unless noted, all fields are **REQUIRED**.

General Information Section:

Name The last, first and middle name of the employee, and his/her HRMS ID.

Rank/Title (Job) The faculty rank or administrative title of the position held.

Department (Organization) The name of the department(s) where the individual is employed.

Please Cancel My Summer Session Appointment Effective The last day the individual will serve in the appointment (Date format DD Mmm YYYY).

Position ID The unique AIS HRMS identifier that is assigned to the position.

FAS Account & Budget Line Number FAS account number the assignment is currently paid from and the budget line number of the position.

FAS Account Title (AIS Budget Description) FAS account title/AIS budget description.

AIS Proportions Percent of the specified individual's salary currently paid from each AIS account listed. The total of account proportions must equal 100.

AIS Fund AIS fund to be charged.

AIS Unit AIS unit to be charged.

AIS Budget Purpose AIS budget purpose to be charged.



AIS Dept Activity 1

Optional, the AIS department activity 1 to be charged. If no value is provided, the default value of '00000' will be assigned.

AIS Dept Activity 2

Optional, the AIS department activity 2 to be charged. If no value is provided, the default value of '00000' will be assigned.

AIS Function

AIS function to be charged.

AIS Natural Account

Select the AIS natural account, from the drop down list, to be charged.

- 500000
- 600000

Original Appointment Period Was

8 Week Summer Session

Enter the original time period for which the 8 week session appointment was to be effective.

Other Dates of Appointment

Enter the original time period for which any other appointment was to be effective.

Employee Signature/Date

Signature of the employee requesting the cancellation of the appointment and date signed.

Administrative Approvals Section:

Chair/Fiscal Officer/Date

Signature of Chair/Fiscal Officer and date signed.

Dean/Director/Date

Signature of Dean/Director and date signed.

Other administrative approval/Date

Signature of any other administrator whose approval is required and date signed.

Special Notes:

This form is not to be used for cancellation of summer session appointments for Graduate Assistants. Signature requirements vary from responsibility area to responsibility area. Consult with your responsibility area head to determine signature requirements.

The initiating office should maintain a copy of the form for departmental records. After the form has all required signatures, Human Resources will forward a copy of the Form to the vice chancellor for further distribution.



Routing:

Print this form, acquire the appropriate signatures, and mail it to: Human Resources, MC 6520.