



SMD Faculty Departure Form

For completion by departing faculty
Submit completed form to primary department chair
Department upload to Academic Affairs as soon as completed

Name (Printed)/degree	
Primary Department/Division	
Faculty Title (i.e., Professor, Associate Professor, etc.)	
Last day of work	
Reason for leaving UR School of Medicine & Dentistry	<div><input type="checkbox"/> Retirement</div> <div><input type="checkbox"/> Appointment ended</div> <div><input type="checkbox"/> Leaving for position elsewhere</div> <div><input type="checkbox"/> Deceased (Attach obituary or announcement)</div> <div><input type="checkbox"/> Other: _____</div>
If leaving for position elsewhere, please provide your forwarding contact information.	<div>Employer Name: _____</div> <div>Email: _____</div> <div>Mailing Address: _____</div>
I acknowledge that my faculty position at the UR School of Medicine and Dentistry will end effective on the date indicated above.	
Faculty signature _____ Date _____	

EXIT Survey Opportunity

We are offering a voluntary **Confidential** exit survey via Redcap. At the end of the Redcap survey, you will have an opportunity to request an in-person interview.

___ Yes, I would like to participate in the confidential exit survey.

Link to RedCap Survey [here](#).

___ I do not wish to participate in an exit interview or on-line survey.

FOR DEPARTMENT USE ONLY

Date faculty departure initiated in MyURHR	
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