



## 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

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| 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                                   | <input type="checkbox"/> Retirement<br><input type="checkbox"/> Appointment ended<br><input type="checkbox"/> Leaving for position elsewhere<br><input type="checkbox"/> Deceased (Attach obituary or announcement)<br><input type="checkbox"/> Other: _____ |
| If leaving for position elsewhere, please provide your forwarding contact information. | Employer Name: _____<br>Email: _____<br>Mailing Address: _____   |
| 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