



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 <input type="checkbox"/> Appointment ended <input type="checkbox"/> Leaving for position elsewhere <input type="checkbox"/> Deceased (Attach obituary or announcement) <input type="checkbox"/> Other: _____ |
| If leaving for position elsewhere, please provide your forwarding contact information. | Employer Name: _____ Email: _____ Mailing Address: _____ |
| My signature below confirms that I will resign from my faculty position with the UR School of Medicine & Dentistry effective on the date indicated above. | |
| Faculty signature _____ Date _____ | |

EXIT Interview Opportunity

We are offering a voluntary **confidential exit interview** to all interested faculty members departing SMD. Please choose from one of the options below:

___ Yes, I would like to participate in an IN-PERSON 1:1 interview.
Interviews will take approximately **30-45 minutes**.

Provide an email address for the Office of Wellbeing or the Office of Academic Affairs to contact you:

_____.

___ Yes, I would like to participate in an ONLINE EXIT SURVEY
Link to RedCap Survey [here](#)

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