THE UNIVERSITY OF CHICAGO

ACADEMIC TERMINATION FORM

STATUS: *(Please Circle One)*   **Academic Non-Faculty - Faculty**

Name	*Last*	*First*	*Mi*	SSN

Job Code	*(6-digit #)*	Job Title	

Dept. No.	*(5-digit #)*	Department Name	*(List Responsible Dept. Only)*

Effective Date of Termination *(First Day Without Pay)*	Last Day Worked *(Last Day Physically on the Job)*	Termination Action Code	Termination Reason Code *(*See Reason Codes Below)*	U of C Property Return ?
		02		Yes _____ No _____

*Termination Reason Codes

         11 - Resigned   ***43*** - Retirement   ***47*** - Deceased   ***48*** - End of Appointment

PERSONAL DATA

Forwarding Address

City	State	Zip Code

Home Phone

Foreign Address

_____

_____

_____

APPROVALS

_____		_____	
Department Contact Re: This form	*Phone*	*Supervisor/Dept. Head*	*Date*
_____		_____	
Dean Administrator	*Date*	*Provost Office*	*Date*