FACULTY WHO ARE LEAVING THE UNIVERSITY OF GEORGIA

NAME _____

PRESENT RANK _____

TITLE _____

EFFECTIVE DATE _____

Please check the appropriate reason for leaving and submit along with personnel report to Vice President for Academic Affairs (Faculty Records Office)

- ☐ RETIREMENT
- ☐ RETIREMENT-DISABLED
- ☐ DEATH
- ☐ DISABLED
- ☐ RESIGNATION-PROFESSIONAL ADVANCEMENT
- ☐ RESIGNATION-HIGHER SALARY (indicate differential if known)
- ☐ RESIGNATION-PERSONAL HEALTH
- ☐ RESIGNATION-PERSONAL REASONS
- ☐ RESIGNATION-DISSATISFACTION
- ☐ RESIGNATION-CONTINUING STUDIES AT THE UNIVERSITY OF GEORGIA
- ☐ RESIGNATION-CONTINUING STUDIES ELSEWHERE
- ☐ RESIGNATION-FAILURE TO ACHIEVE PROMOTION AND/OR TENURE
- ☐ RESIGNATION-OTHER (explain)_____
- ☐ NON-REAPPOINTMENT-PROGRAM TERMINATED
- ☐ NON-REAPPOINTMENT-TEMPORARY APPOINTMENT
- ☐ NON-REAPPOINTMENT-LACK OF FUNDS FOR SUPPORT
- ☐ NON-REAPPOINTMENT-FAILURE TO ACHIEVE TENURE
- ☐ NON-REAPPOINTMENT-CONTRACT NOT RENEWED
- ☐ NON-REAPPOINTMENT-OTHER (explain)_____

_____

Signature, Department Head Date

_____

Signature, Dean Date