

Faculty Status Changes or Resignations/Retirement			
	GENERAL INFORMAT	ION	
Date Form Completed:			
Faculty Name:		Degree:	
New work Address:			
New Work E-mail:		New Work Phor	ne #:
<u> </u>	AFFILIATION INFORMAT	ΓΙΟΝ	
Primary Dept:		Division/ Campus:	
		Division/ Campus:	
Program/Center:			
	CATEGORY CHANGE O aculty category change including, for e ed to affiliate retiree or post-retiree em	example: employed to ad	ljunct or affiliate; dual doc to
Effective Date:	Reason:		
Rank:	Category:		Track:
N his section is to be used for facu ot need continued access to e-m	RESIGNATION OR FULL RETI Ity fully terminating from faculty who w nail, etc.		faculty appointment and do
Effective Date:	Res	ignation/Term	Retirement
Comments:			
Completed by:	Extensio	n:	