



Departure from Faculty Appointment Notice

Department Administrators:

Email completed form within 30 days prior to departure date to: faculty_affairs@rush.edu

College of _____ Date of Submission ____ / ____ / ____ Effective Date ____ / ____ / ____

Rush Medical College:

Check if the appointment is a **Cook County/Stroger** Faculty member

Faculty Name: _____

Primary Appointment: _____

Joint Appointment (if applicable): _____

Phone: _____

Current Address, City, State, Zip: _____

Preferred personal email address: _____

(Please check applicable)

Faculty Member is: Retiring Resigning An APP Other:

Moving to a new practice/institution located at:

Name _____

Address _____ City _____ State _____

The faculty member is **resigning** from their Rush University faculty appointment. This is inclusive of joint appointments if applicable. (Include a copy of the resignation letter signed and dated)

The faculty member has the approval to change the faculty appointment to _____
at the rank of _____ for a term of _____

- If the faculty appointment will be maintained or there is a status change, a letter from the Chairperson/Dean is required. The letter should state that the faculty member has approval with defined expectations by the Chairperson/Dean. If a joint appointment will be maintained as well, include all joint appointment expectations.

Signatures of the faculty member and Chairperson/Dean are required below.

Faculty Member Name (print)

Faculty Member Signature

Date

Chairperson/Dean Name (print)

Chairperson/Dean Signature

Date

Joint Chairperson/Dean Name (print) (if applicable)

Joint Chairperson/Dean Signature (if applicable)

Date