



FACULTY RESIGNATION FORM

Please submit the following information to the VPAA Office. This form should be completed, signed and forwarded to the Dean, Provost and President for approval.

Effective Date ___/___/___

Banner ID Number _____

Full Legal Name _____
Last First Middle

Academic Title _____

Department _____

Resignation (please attach letter of resignation or have faculty member sign)

Employee signature: _____ Date: _____

Department Chair: _____ Date: _____

Separation (non-renewal of contract or term faculty)

Department Chair: _____ Date: _____

Comments: _____

Dean: _____ Date: _____

Provost: _____ Date: _____

President: _____ Date: _____

Original to Human Resources Office. Copies to Budget, President, Payroll, and other offices as appropriate.