

Non-Returning Faculty 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: _____

Retirement (please attach letter of intent to retire or have faculty member sign)

Employee signature: _____ Date: _____

Department Chair: _____ Date: _____

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

Employee signature: _____ Date: _____

Department Chair: _____ Date: _____

Non-Renewal of Contract/Term Faculty

Department Chair: _____ Date: _____

Other: _____

Department Chair: _____ Date: _____

Dean: _____ Date: _____

Provost: _____ Date: _____

President: _____ Date: _____

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