

CALIFORNIA INSTITUTE OF TECHNOLOGY  
**Departing Faculty Arrangements**

Please return this form to your Division Office

Name: \_\_\_\_\_

Caltech Rank/Title \_\_\_\_\_

Date of Expiration of Current Appointment: \_\_\_\_\_

Date of Termination or Resignation: \_\_\_\_\_

*The last day you will be on campus and/or the last day of work you will be paid.*

Is your effective date of resignation prior to appointment expiration? ☐ Yes ☐ No

**If yes, please submit a letter of resignation addressed to the President in accordance with Faculty or Postdoctoral Scholars Handbook.**

1. What date do you wish to pick up your final check? \_\_\_\_\_

2. Who is to be notified when the check is ready? Name: \_\_\_\_\_ Ext. \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

3. If you held a research position, i.e., Postdoctoral Scholar, Senior Research Fellow or Visitor position, will you be going to a:

Postdoc position \_\_\_\_\_ Tenure-Track Position \_\_\_\_\_ Industry/Business Position \_\_\_\_\_ Other \_\_\_\_\_

4. If you are a foreign national, have you clarified your future visa status with the advisors in the International Scholar Services? ☐ Yes ☐ No

5. For postdocs: Are you requesting a "Certificate of Completion"? ☐ Yes ☐ No  
(The Institute will provide departing postdocs with certificates showing the start and end dates of their research experience provided that the postdoc has performed a minimum of six months service, the scholar completes the period in good standing, and the postdoc's faculty sponsor concurs with and signs the certificate.)

6. For postdocs: Would you like an Exit Interview with the Postdoctoral Scholars/Visitors Service office? ☐ Yes ☐ No

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Before departing from campus, please make sure you have contacted the departments below (if applicable) to clear your accounts:**

**Division Office or** \_\_\_\_\_ Return all Institute and departmental keys and other Caltech equipment

**Option Secretary:** \_\_\_\_\_ Return Caltech Identification card and Parking Permit

\_\_\_\_\_ Return Faculty Handbook or Postdoctoral Scholar Handbook

**Benefits Office:** Your benefit/insurance coverages are discontinued at the end of the month of your termination date. You have the option of continuing group health and /or dental coverage for up to 18 months by paying the full monthly cost. If you wish to continue coverage, or would like costs or other information on continuing your coverage, please contact Employee Benefits, Ext. 6443.

**Benefit Billing:** Contact Ext. 3232 to settle any outstanding balance on your benefits account.

**Bursar's Office:** Contact Ext. 6753 to settle any outstanding balance on your employee account.

**Athenaeum:** Contact Ext. 8269 to address outstanding balance.

**Credit Union:** Contact Ext. 6300 to notify of your departure and address outstanding issues.

**Library:** Extension 6401-Please make sure all books are returned to the Library Systems.

For Division Office use only:

\_\_\_\_ Distribution to HR or FRO -Original and 3 copies

\_\_\_\_ Letter of Resignation (if applicable)

\_\_\_\_ Termination P53