## **Departing Faculty Arrangement Form**

Please return this form to your Division Office.

| Work with your D Turn in all Instit Turn in Caltech Contact the Benemonth of your termithe full monthly cost Call Benefit Billin Call the Bursar's Call the Athenael Call the Caltech issues. Return all books | campus, please complete the following steps: ivision Office or Option Secretary to: ute and departmental keys and other Caltech equal D card and parking permit.  Efits Office at Ext. 6443. Your benefits and innation date. You have the option of continuing met. For details, including costs, or to continue covering at Ext. 3232 to settle any outstanding balar Office at Ext. 6753 to settle any outstanding but at Ext. 8200 to address any outstanding but at Ext. 8200 to address any outstanding but to the Library Systems, Ext. 6401. | asurance are discontinued at the end of the edical and dental for up to 18 months by paying rage, contact the Benefits Office at Ext. 6443.  Indee on your benefits account.  balance on your employee account.  alance.  Dur departure and address any outstanding |
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| Caltech Rank/Title/Divi  | sion:  |   |
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| Date You Wish to Pick  | Up Your Final Check:   |   |
| Name of Person to Not  | ify When Final Check is Ready:   | Extension:  |
| Forwarding Address and   |  |   |
| If you held a research i   | position at Caltech (e.g., Postdoctoral Schol  | ar, Research Assistant Professor or Visitor), what  |
| type of position are yo  |  |   |
| Are you requesting a Certifice The Institute will provide a ce   | eate of Completion?  Yes  No ertificate showing the start and end dates of a po  | stdoc's research experience provided that the postdoc d standing, and the faculty sponsor concurs with and  |
| Signature  |  | Date  |
| For Division Use:  | ☐ E-mail to HR (dfa@caltech.edu)   | ☐ E-mail to ISS (iss@caltech.edu)   |
|  | ☐ Letter of Resignation (if applicable)  | ☐ Returning Lecturer/Visiting Associate (cit inactive)  |
|  |  | Anticipated Return date:  |