

**MASSACHUSETTS INSTITUTE OF TECHNOLOGY**  
**NOTICE OF RESIGNATION, TERMINATION, CANCELLATION, RETIREMENT, OR TRANSFER**

Personnel Office

FASIS

- ADMIN. STAFF
- SPONSORED RESEARCH
- SUPPORT STAFF
- SERVICE STAFF

- FACULTY
- OTHER ACADEMIC

To be completed per instructions on reverse and forwarded to the Personnel Office or the Faculty and Staff Information Services Office (FASIS) where appropriate.

Name:	Soc. Sec. No.	Classification/Title	Dept., Lab. or Group
MIT Extension:			
Forwarding Address:	No. vacation days due:	Effective date of termination:	
		Last date worked if different:	Termination date of contract or appointment:

Employee status on termination:

- seeking new employment
- withdrawing from labor market
- secured other employment. New employer if known:
- indeterminate

**REASON FOR TERMINATION**

(circle main reason for leaving)

**VOLUNTARY**

1. Voluntary termination of employment prior to or at expiration date of appointment or contract
2. Other work, higher wages
3. Other work, greater job interest
4. Other work, better working conditions
5. Other work, personality conflict
6. Inadequate public transit
7. Relocation
8. Spouse transferred
9. Marriage
10. Pregnancy
11. Illness
12. Family obligations

13. Travel, recreation
14. Voluntary retirement, paid
15. Voluntary retirement, unpaid
16. Further education
17. Refused comparable work
18. Other, specify below

25. Involuntary retirement, paid
26. Total disability
27. Deceased
28. Other, specify below

**INVOLUNTARY**

19. Appointment or contract expires
20. Lack of funds
21. Lack of appropriate work
22. Reorganization
23. Completion of stipulated period
24. Displaced by senior employee

**DISCHARGE**

29. Absenteeism, tardiness
30. General insubordination
31. Violation of other Institute rules
32. Incompetence, lack of training
33. Will not follow instructions
34. Dishonesty
35. Insobriety, alcohol, drugs
36. Other, specify below

Comments on reason circled (use reverse if necessary):

**EMPLOYEE EVALUATION BY SUPERVISOR**

Description of present duties:

Performance and ability:

Would you recommend for reemployment:

Date/Signature of Supervisor:

Extension:

Date/Signature of administrative official:

Extension:

**FACULTY AND ACADEMIC STAFF**

Date/Signature of Department Head:

Extension:

Date/Signature of Dean, Vice President, Provost, or Associate Provost:

Extension:

Date/Signature of Personnel Officer:

Termination Code: