

**DEPARTURE VERIFICATION FORM**  
To Be Completed By Sponsoring Department

**INSTRUCTIONS:** This form is to be used when an international faculty / scholar / staff member in your department is terminated from their appointment, resigns, or completes their stay. Please complete the form, and send or fax to OIS. OIS will notify appropriate agencies in compliance with government regulations. **Failure to notify OIS of an employee's departure, in a timely fashion, may result in your department's continuing responsibility to pay salary to the terminated employee.** If the employee or scholar changes status but continues with your department, it is not necessary to complete this form. *\*New February 2004: the employee/visitor must sign this form BEFORE he/she departs the department.*

UIN: _____ SSN: _____		
Name of Employee/Visitor: _____		
last	first	m.i.
Name of Department: _____		M/C _____
Status Prior To Departure:	<input type="checkbox"/> J-1	<input type="checkbox"/> J-2 w/ EAD
	<input type="checkbox"/> H-1B	<input type="checkbox"/> TN
	<input type="checkbox"/> TR (pending adjustment)	<input type="checkbox"/> F-1/OPT w/ EAD
		<input type="checkbox"/> O-1
		<input type="checkbox"/> Other (specify) _____
Last Day of Employment/Sponsorship: _____	<input type="checkbox"/> Resigned Early	
	<input type="checkbox"/> Dismissed	
	<input type="checkbox"/> Completed Program	
Final paycheck date for employees: _____	or	<input type="checkbox"/> N/A non-salaried
This individual will:	<input type="checkbox"/> Return home	
	<input type="checkbox"/> Transfer to _____	(unit/institution)
	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Other (specify) _____	
_____ Print Name of Employee/Visitor	_____ Signature of Employee/Visitor	_____ Date
_____ Print Name of Dean/Department Head	_____ Signature of Dean/Department Head	_____ Date
_____ Name of Department Contact Person	_____ Phone number	

Mail or Fax to: