

SUNY Upstate University Hospital
Medical Staff Services

NOTICE OF RESIGNATION / TERMINATION

To be completed when no written documentation of termination or resignation is available.

Date: _____

Provider Name: _____

Department / Division / Section: _____

Date the appropriate item:

____ / ____ / ____ Resignation

____ / ____ / ____ Termination

____ / ____ / ____ Faculty Appointment Discontinued

____ / ____ / ____ Faculty Appointment Changed
from _____ to _____

Comments:

Name of Person completing form: _____

Signature of Person completing form: _____

Return by email (medstaff@upstate.edu) or fax (315-464-8521) to Medical Staff Services.