

**HOFSTRA UNIVERSITY  
DISCONTINUATION OF EMPLOYMENT FORM  
FACULTY AND ADMINISTRATIVE**

Name:  Hofstra ID Number:

Title/Rank:

Department:

Reason for Discontinuation of Employment (Check One):

- |  |   |
|--|---|
| <input type="checkbox"/> Non-Reappointment | <input type="checkbox"/> Resignation              |
| <input type="checkbox"/> Retirement        | <input type="checkbox"/> Deceased                 |
| <input type="checkbox"/> Exit Incentive    | <input type="checkbox"/> Transfer within Unit to: |

(Department)

Discontinuation of Supplemental Administrative Appointment\*

Will this person be returning as an adjunct?  Yes  No Semester/Year Effective:

The Provost's Office must be informed when a faculty member goes back to adjunct status from a full-time position. The faculty member will then be placed at the rank he/she held as an adjunct and at a rate based on his/her prior rate plus appropriate annual increases, unless we hear differently.

Effective Date:

Last Day of Employment:

Chair's Comments:

Chair's Signature: \_\_\_\_\_ Date:

Dean's Comments: Position:  Suffix:

Dean's Signature: \_\_\_\_\_ Date:

Provost's Office Budget Review: \_\_\_\_\_ Date:

Provost's Comments:

Provost's Signature: \_\_\_\_\_ Date:

\*This should only be marked to end administrative appointments supplemental to original appointment. It is not used for permanent discontinuation of employment.