



## ShanghaiTech University Termination Form

<b>Employee's Name</b>		<b>Employee No.</b>	
<b>Nationality</b>		<b>Passport No.</b>	
<b>Department</b>		<b>Employee's Title</b>	
<b>Start Date at ShanghaiTech</b>		<b>Last Date of employment</b>	
<b>Available Action</b>	<input type="checkbox"/> Termination (For termination, employee's resignation letter must accompany this form) <input type="checkbox"/> Transferring to Another Department (What department is this employee transfer to? _____)		
<b>Approvals from Department</b>	Signature: _____ Date: _____		
<b>Approvals from Office of HR</b>	Signature: _____ Date: _____		
<b>Approvals from President</b>	(Only for Dean/Director's Termination) Signature: _____ Date: _____		

### University Clearance:

Department	Description	Contact Information	Stamps or Authorized Signature
<b>Employee's Department</b>	Department Property Keys		
<b>Office of Union Committee</b>		Room 210, Administration Building Tel: 20685316	
<b>Office of Environment, Health &amp; Safety</b>	Only for Professor	Room 107, Administration Building Tel: 20684831	
<b>Office of Student Affairs</b>	Only for Professor	Room 402, Student Center Contact: Ms Ma Bei Tel: 20685079	

<b>Office of Research Administration</b>	Research Programs	Room 207, Administration Building Building Contact: Mr Wei Chengzhe Tel: 20685233	
<b>Office of Financial Services</b>	Salary	Room 101, Administration Building Building Contact: Ms Wang Cuiting Tel: 20685038	
<b>Office of General Services</b>	Dining Card Parking Permit Furniture Apartment	Room 109, Administration Building  Tel: 20685660.	
<b>Office of Facility Management</b>	Facilities	1. E-supply account cancellation: Room 206, Administration Building Contact: Ms Li He Tel: 20685697. 2. Asset allocation: Room 205, Administration Building Contact: Ms Wang Xue Tel: 20685269.	
<b>Library &amp; Information Services</b>	E-mail Account Library Card	309 Room H1 Building Tel: 20684829 Office in Library Tel: 20685191	
<b>Office of Human Resources</b>	Apartment Outside Campus Work Permit Resident Permit	Room 203/204, Administration Building Tel: 20684757	

**Upon termination, I understand that I have an ongoing responsibility to maintain the confidentiality of any student and/or employee information to which I may have had access to during my employment at the university.**

**Signature:**

**Date:**

**HR USE ONLY**

Salary

Housing Accumulation Funds

Social Security

Medical Insurance