



ShanghaiTech University Termination Form

Employee's Name		Employee No.	
Nationality		Passport No.	
Department		Employee's Title	
Start Date at ShanghaiTech		Last Date of employment	
Available Action	<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? _____)		
Approvals from Department	Signature: _____ Date: _____		
Approvals from Office of HR	Signature: _____ Date: _____		
Approvals from President	(Only for Dean/Director's Termination) Signature: _____ Date: _____		

University Clearance:

Department	Description	Contact Information	Stamps or Authorized Signature
Employee's Department	Department Property Keys		
Office of Union Committee	Resignation from Union Membership	Room 209, Administration Building Tel: 20685160	
Office of Environment, Health & Safety	Only for Professor	Room 107, Administration Building Tel: 20684831	
Office of Student Affairs	Only for Professor	Room 402, Student Center Contact: Ms Ma Bei Tel: 20685079	

Office of Research Administration	Research Programs	Room 207, Administration Building Contact: Mr Wei Chengzhe Tel: 20685233	
Office of Financial Services	Salary	Room 101, Administration Building Contact: Ms Wang Cuiting Tel: 20685038	
Office of General Services	Dining Card Parking Permit Furniture Apartment	Room 109, Administration Building Tel: 20685660.	
Office of Facility Management	Facilities	1. E-supply account cancellation: 309 Room H1 Building Contact: Mr Xu Yong Tel: 20685802. 2. Asset allocation: Room 205, Administration Building Contact: Ms Wang Xue Tel: 20685269. 2. Fee Settlement Contact: Ms Liu Dan Tel: 20685181.	
Library & Information Services	E-mail Account Library Card	309 Room H1 Building Tel: 20684829 Office in Library Tel: 20685191	
Office of Human Resources	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

Social Security

Housing Accumulation Funds

Medical Insurance