

APPLICATION FOR RESIGNATION /RETIREMENT/TRANSFER

NAME: _____
(Family Name) (First Name) (Middle Name)

Designation: _____ Department: _____

College/Unit: _____ Status: Permanent Temporary
 Contractual Casual

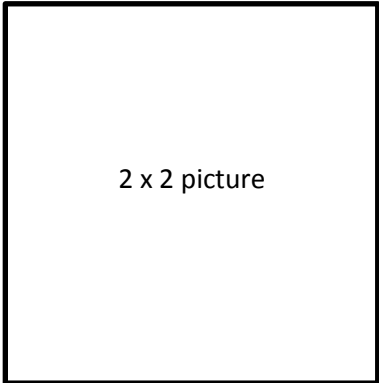
Permanent Address: _____

MODE OF SEPARATION

Effective date: _____

(Please check)

- Retirement { } Optional { } Compulsory
- Resignation
- Transfer to: _____



Signature of Applicant

This certifies that _____ has been cleared from money, property accountabilities and/or contractual obligations from the University arising from his/her study leave/fellowship or any other official function served.

- Attachment: 1.) University Clearance
2.) For all retiring professors, latest Curriculum Vitae

Administrative Officer

Department Chair/ Director

Personnel Clearance:

Dean/ Director or Head of Unit

HRDO Chief/ HRDO Director

RECOMMENDING APPROVAL:

Vice Chancellor for Academic Affairs

Vice Chancellor for Administration

Chancellor