

SAMPLE COMPLETED FORM FOR TERMINATING HOUSESTAFF

HOUSESTAFF APPOINTMENT INFORMATION

This form must be completed for the following actions: **NEW, TERMINATIONS, CHANGE IN DEPARTMENT, OCCUPATION CODE, & VISA CHANGES.** Housestaff appointments **cannot be completed** by the Personnel Office **without** this important information. Please have the appropriate department personnel complete the entire form **before** submitting housestaff appointments for processing: (#'s 8, 9, 10, 11, 14, 19, 20, 21, and 22 require defined codes. See coding manual) Appointments requiring coding sheet will be returned to department if coding sheet is not attached.

1. Social Security Number 111-222-3333
2. Name (Last, First, Initial) Doe, John D.
3. Sex _____
4. Birth date (month, day, year) _____
5. Race _____
6. Current Employment beginning date (month, day, year) _____
7. Employment date with the College of Medicine _____
8. Occupation Code _____
9. Department and Division to which assigned _____
10. USA Citizenship (use appropriate code please) OR _____
11. Foreign Citizenship (Code for Visa Type, also write in Issue and Expiration Date) _____
12. PMD year _____
13. PMD Effective Date _____
14. School of graduation _____
15. Date of graduation (month, date, year) _____
16. Insurance Effective Date _____
17. Insurance Coverage (F=family or S=single) _____
18. BME registration date (employment date) or Florida License # issue and expiration dates. _____
19. Training program and (anticipated or absolute) completion date 2470/06/30/69
20. Sub-specialty (if applicable) Please list correctly if in an approved Sub-specialty for Fellows. _____
21. Employee Status Code 31
22. Type of degree received _____
23. Title of new Housestaff person _____
24. Address (Local address if new appointment. Forwarding address if terminating appointment.) Apt # 89
80 Bland Street
Jacksonville, FL 32209

NOTE: If not a New Appointment, fill in the SS#, Name, and the appropriate changes only - DO NOT COMPLETE THE ENTIRE FORM.