DEPARTURE NOTICE

This form is to be completed when a UW employee completes or ends the affiliation with your department. This may be because the employee will complete employment as intended, will resign and leave earlier than intended, will be terminated/dismissed, or has obtained another visa status (such as legal permanent residency/green card). Upon receipt of this form, IFSS will notify the appropriate agencies in compliance with government regulations.

Please do not send this form more than 30 days before the last date of employment/sponsorship.	
Employee Name:	Empl ID:
Department/College:	
Department Contact:	Phone/Email:
Last day in pay status or affiliation with UW:	
Current Immigration Status:	If other, please tell us what status:
Reason for leaving the UW:	
If "Other", please explain below:	
Employee's future plans:	
If "Other", please explain below:	
If transferring to another employer, please tell us v	what employer and where:
For H-1	Bs Only:
According to federal regulations, if H-1B employment is tenescopic expiration date), then the H-1B employee must be offered	rminated by the employer early (prior to the current status ed the reasonable cost of return transportation to his/her of the return transportation offer letter, if requested.
IF APPLICABLE: By checking this box, you acknowledge early by the Department was offered return transporta Attach a copy of the return transportation letter with t	
Name of Department Representative:	Date:
Signature:	