

EXITING RESIDENT/FELLOW SIGN-OUT SHEET

The sign-out sheet should be brought to the exit interview and faxed when completed to the Graduate Medical Education Office at 860-679-4624.

Name (last name, first name)

Program

Personal E-mail Address: _____

Telecommunications – UConn, Munson Road, 3rd Fl

Date

Public Safety – UConn-LG041 (Keys, ID, Parking Pass)

Date

Exit Interview (Sign-Out, Payroll Forwarding Address Form, COBRA)

Date

Resident/Fellow Signature

Date