EXITING RESIDENT/FELLOW SIGN-OUT SHEET

Please email or fax the completed Sign-Out Sheet to the Graduate Medical Education Office
Email to gmeoffice@uchc.edu or Fax (860) 679-4624

_____ _____
Name (last name, first name) Program

Personal E-mail Address: _____

_____ _____
Exit Interview (Payroll Forwarding Address and COBRA Form Date

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Program Coordinators will be collecting the following items:

_____ _____
Beeper – Program Coordinator Signature Date

_____ _____
UConn ID/Keys – Program Coordinator Signature Date

_____ _____
Parking Pass – Program Coordinator Signature Date

Residents/Fellows with Instadose badge(s)

Instadose radiation safety badge(s) have been collected by the Program Coordinator.
LOST BADGE FEE: $32

_____ _____
Program Coordinator Signature Date

Residents/Fellows: Please sign below that all of the above has been completed

_____ _____
Signature of Resident/Fellow Date