**University of Pittsburgh Schools of the Health Sciences**

**Postdoctoral Outcome Summary**

|  |  |
| --- | --- |
| NAME: | Last, First |
| SCHOOL:  | Choose a School | DEPARTMENT: | Enter department name |
| DATE OF APPOINTMENT: | Click here to enter a date. | EMPLOYMENT CLASSIFICATION:  | Choose an item. |
| YEAR: | Choose a year, or type here for other. | DATE OF PLAN: | Click here to enter a date. |

|  |  |
| --- | --- |
|  | **Choose one option below and provide the requested information:** |
| [ ]  | **Internal Transfer:** |  |
| [ ]  | **Voluntary Resignation:** |  |
|  | If *Other Employment Pitt*: |
|  | School:  |
|  | Department: Department  |
|  | Title:  |
|  | If  *Other University Employment, then:* |
|  | University: University  |
|  | School: School  |
|  | Department: Department |
|  | Title:  |
|  | If employment outside of academia, please indicate: |
|  | Name of Organization: Organization  |
|  | Title: Title |
|  | Address: Address |
| [ ]  | **Nonrenewal of Contract:** |  |
| [ ]  | **Early Termination:** |  |
| Additional Comments:Click here to enter text. |