**TECHNOLOGICAL UNIVERSITY DUBLIN**

**HOURLY PAID PART-TIME ASSISTANT LECTURER/TUTOR/SENIOR DEMONSTRATOR/DEMONSTRATOR – CESSATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname** |  |  | **Last teaching/tutoring date*****Must be in format DD/MM/YY*** |  |
| **First Name** |  | **Reason for Cessation**Tick appropriate box |  |  |  |  |
|  |  |  | Resignation \* | Early Retirement \*\* | Non-Renewal \*\*\* | Other \*\*\* |
| **Staff Number** |  | Note: \* / \*\* In cases of Resignation or Early Retirement, a letter from the individual should accompany this form |
|  |  | Note: \*\*\* In cases of Non-Renewal or Other, please give details below |
| **Dept Code** |  |  |
|  |  |  |
| **School** |  |  |
|  |  |  |
| **College** |  |  |
|  |  |  |
|  |  |  |

Is the Member of Staff employed in any other capacity by TU Dublin?

**Yes No**

 If yes, where and in what capacity?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I confirm that the last teaching/tutoring date above is correct and that all other details contained in this form are accurate.**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Head of School College Director**