
Resident/Fellow Re-Appointment, Promotion, Graduation, or Termination

Form Date: _____ Effective Date: _____
Name: _____ Current PGY Pay Level : _____
Program: _____ Personnel #: _____

Please choose **one** of the seven (7) options below:

- 1) **Graduating program** -- Has met or is on track to meet all training requirements and should complete training, graduate from the program, and then be terminated from UT Payroll on : _____
Last working day if vacation is approved through the official last day of training: _____
Name as it should appear on graduation certificate: _____

- 2) **Does not meet requirements for graduation** -- Is not eligible for graduation due to not having met or is not likely to meet all program and institutional requirements. Indicate the last day on payroll: _____

- 3) **Advancing to next PGY level** -- Has met the requirements for his/her current level and should be advanced to PGY Pay Level : _____

Has passed USMLE/COMLEX Step 3
Reappointment is contingent on passing USMLE/COMLEX Step 3 scheduled on: _____

He/She will receive additional Chief Stipend. Enter annual amount of Chief Stipend: \$ _____

He/She will receive be placed on or will continue on a Performance Improvement Plan (PIP) until reviewed by this date: _____ . Then a decision will be made about continuing in the program, continuing on a PIP, or other outcome decision.*

- 4) **Off-cycle (remediation/probation or other)** -- Should remain as PGY Level _____ Resident/Fellow until _____ , at which time a decision will be made regarding reappointment at the next PGY Level, continued remediation or probation, or non-reappointment if unable to meet academic, educational, and professional requirements to continue in the program.

Designate reason (remediation, off-cycle): _____

Other Comments: _____

- 5) **Termination** -- Has not met academic, educational, and professional requirements to continue in the program. Therefore, he/she will not be reappointed to the program.

Termination Date: _____

Check one: **Resigned** **Dismissed**

- 6) **Resignation** -- Resident/Fellow resigned the program, as of this date: _____

Reason: _____

- 7) **Transferring/advancing to another UT GME Program, or as Faculty***

Select campus: _____ Enter the specialty here: _____

*Enter Additional Comments: _____

**As of _____, the Annual Stipend for a PGY-_____ is \$_____.

Approval and Acknowledgement Signatures

Program Director's Signature

Date

Chair's Signature

Date

Resident/Fellow's Signature

Date

Associate Dean/DIO's Signature

Date

GME Use Only:

J. Hogan

P. Scott

This form is due by March 1 for those who advancing on the first day of the academic year.
If the Resident/Fellow is off cycle, this form is due four months before the anticipated advancement date.