**Perelman School of Medicine**

**TERMINATION LETTER**

**Instructor and Research Associate**

*DATE*

*NAME & DEGREE*

*DEPARTMENT*

*ADDRESS*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

In following up on our conversation on (*DATE*), this letter is to inform you that your position as *(insert title:* **Instructor or Research Associate***)* in the Department of ( *name of department*) is being terminated as of (*DATE*).

**Unsatisfactory performance** -- As we discussed, you have failed to meet the obligations of your position in the following areas:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Funding --** The (*grant, departmental, etc.)* funding for your support will/has run out;

***OR***has not been renewed;

***OR*** will be ending at the University as I am transferring and will be taking the project with me to the \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_institution.

Please return your keys, University I.D. card, and any other University property to (*name of supervisor*). You should contact the [PENN Benefits Center](https://www.hr.upenn.edu/PennHR/benefits-pay) at 1-888-PENNBEN (1-888-736-6236) to discuss your benefits coverage.

*If applicable:*

*(FOR FOREIGN CANDIDATES)* Please contact the University’s [International Student & Scholar Services (ISSS)](https://global.upenn.edu/isss) office at <https://global.upenn.edu/isss> immediately so that any visa issues may be addressed.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair of Department Faculty Supervisor or PI

**Received by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Name & Degree (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

CC: Department Faculty Coordinator

 Department Business Administrator

Revised: 7.2020