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**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:*

\_\_\_\_\_  
*N. English*

\_\_\_\_\_  
*R. Stewart-Kalaukoa & P. Scott*

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