

# SIGN-OUT SHEET

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**NAME (last, first)**

**PROGRAM**

The following departments must clear you and you must attend an exit interview to receive your last paycheck. The sign-out sheet should be brought to the exit interview and/or faxed to the Capital Area Health Consortium (860) 676-1303.

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**MEDICAL RECORDS** (Signed by Program Director) **DATE**  
(Program Director's signature only after medical records have been completed AT ALL rotations.)

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**TELEPHONE OPERATORS** – UConn, Munson Road, 3<sup>rd</sup> floor **DATE**

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**PUBLIC SAFETY** - UConn-LG041 (Keys, ID, Parking Pass) **DATE**

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**EXIT INTERVIEW** (Sign-out, Final Summary Report, Forwarding Address, Insurance) **DATE**

## Professional activity after leaving UConn program:

\_\_\_\_\_ Private Practice      \_\_\_\_\_ HMO/PPO      \_\_\_\_\_ Fellowship  
\_\_\_\_\_ Other Residency      \_\_\_\_\_ Hospital Practice      \_\_\_\_\_ Other \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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**Resident/Fellow Signature**

**Date**