



Instructions:

Requester: Complete sections 1 & 2 then send the completed form to your sponsor

Sponsor: Complete section 3 then send the completed form to support@qc.cuny.edu

SECTION 1

Faculty

Staff

Guest

SECTION 2

First name:

Last name:

8 digit emplid#:

QC email:

@qc.cuny.edu

SECTION 3 Sponsor information

Today's date: (format: mm/dd/yyyy)

(If not specified, processed date will be used)

Requested termination date:

Immediate (If not specified, immediate will be used)

End of current date

End of week

Other:

Date: (format: mm/dd/yyyy)

Time: (format: hh:mm)

AM

PM

Sponsor name:

Department:

Sponsor's email:

@qc.cuny.edu

(Sponsor must send the form to support@qc.cuny.edu from their QC email)