



SEPARATION CHECK OUT PROCEDURE

Please ensure signatures for clearance from the listed departments on your last day of employment. To avoid any delay in the processing of your final payroll check the attached forms must be completed and submitted to Human Resources

Name of Separating Employee:	R
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Position Title:	
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Department:	
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Immediate Supervisor:	
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Date of Separation:	
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Mailing Address:	Telephone Number:	Check if New Address

CURRENT DEPARTMENT

VERIFYING DEPARTMENT	SIGNATURE	DATE
Department Head/Supervisor		
Department Equipment (Laptop, iPad, camera, etc.)		

CLINICAL SCIENCE BUILDING (CSB)

IT – EMR and User ID Basement Room B05		
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ADMINISTRATIVE SUPPORT BUILDING (ASB)

Police Department (Employee ID Badge)		
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Facilities (HSC Keys)		
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ASB II (The Box)

Traffic and Parking (Parking Permit)		
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HUMAN RESOURCES DEPARTMENT

Request to Contribute to Sick Leave Pool		
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Lump Sum Vacation Certification & W2 Verification		
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TRS 6 Application for Refund or ORP Termination Information Acknowledgment		
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Exit Interview Form		
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