

SEPARATION CHECK OUT PROCEDURE

Please obtain 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 #		
Position Title:				
Department:				
Immediate Supervisor:				
Date of Separation:				
Mailing Address:	Telephone Number:	: Check if		New Address
CURRENT DEPARTMENT				
VERIFYING DEPARTMENT	SIGNATU	RE		DATE
Department Head/Supervisor				
Department Equipment (Laptop, IPad, Camera, etc.)				
Clinic Science Building (CSB) 4801 Alberta Avenue)				
IT – EMR and User ID Basement Room B05				
Academic Service Building (ASB)				
Police Department (Employee ID Badge)				
Facilities (Keys)				
ASB II (Th	e Box)			
Traffic and Parking (Parking Permit)				
HUMAN RESOURCES DEPARTMENT				
Request to Contribute to Sick Leave Pool				
Lump Sum Vacation Certification and W2 Verification				
TRS 6 Application for Refund or ORP Termination Information Acknowledgment				
Exit Interview Form				
EXIC IIICI VIC W I OIIII				