

HUMAN RESOURCES EXIT CHECKLIST

Last Day on Payroll: _____

Last Work Date: _____

*In order to successfully complete the exit process, all items belonging to the College must be returned prior to the separation date. The supervisor's or unit head's signature is acknowledgement that the employee has successfully completed the exit process. **This form must be completed and submitted to Human Resources, S-230 by the employee's last work day.***

EMPLOYEE INFORMATION

 Name: _____ Empl. ID _____ Title: _____
 Office/Dept. _____ Supervisor's Name: _____ Supervisor's Ext: _____
 Employee's Mailing/Forwarding Address: _____ City: _____ State: _____ Zip Code: _____
 Contact E-mail: _____ Phone: _____

REASON FOR LEAVING Resignation Retirement Separation

Employees must obtain clearance signature from all applicable units.
Department:

-
- All grades submitted
-
-
- Office/laboratory/recreational equipment returned
-
-
- Passwords/Projects

SIGNATURE AND DATE

 Department Chair/Director DATE
Business Offices:

-
- Parking decal/pass
-
-
- All Credit Cards for non-related entities
-
-
- Loans and Advances repaid
-
-
- State Issued Credit Cards. Final account statement reconciled

 Campus Activities, S-078, Ext. 8123 DATE

 Controller, S-030, Ext. 8948 DATE

 Purchasing, S-022, Ext. 8261 DATE
Property Manager:

-
- College-issued laptop, iPad, cell phone or other technology equipment

 Property Manager, S-076, Ext. 8223 DATE
Library:

-
- All outstanding books returned

 Librarian, Ext. 8223 DATE
Public Safety

-
- Keys (building, office, file cabinets, automobile) returned
-
-
- Security Pass/ID returned

 Director/Designee, APEX 109, Ext. 8593 DATE
Human Resources:

-
- Final timesheet submitted

 Director/Designee, S-230, Ext. 8181 DATE

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Human Resources:

- | | | |
|---|---|---|
| <input type="checkbox"/> Travia Form or Terminal Leave Form submitted | <input type="checkbox"/> Benefits meeting completed on (date) _____ | <input type="checkbox"/> Confirm eligibility of payout of Annual and Sick Leave |
| <input type="checkbox"/> Resignation letter submitted | <input type="checkbox"/> Exit Interview completed (date) _____ | <input type="checkbox"/> PAF processed <input type="checkbox"/> DP2001, if applicable |
| <input type="checkbox"/> Modern Think Survey link sent to employee | <input type="checkbox"/> Last payroll check to be mailed | <input type="checkbox"/> Last payroll check to be picked up at HR Office, S-230 |

Name of Director/Designee _____ Signature: _____ Date: _____