

Separation of Employment Clearance Form

Name: _____

Title: _____

Department: _____

Home Mailing Address: _____

1. Human Resources Department

Health Insurance Group Life Insurance Retirement Paychecks Other Payroll Deductions
Credit Union Ethics Memo Online Exit Survey Outstanding

Human Resources Signature Date Last Day of Employment

2. Individual's Department

Within the last seven days of employment, Department Head to complete and sign this section

Yes No Not Applicable

Personnel Notification — Letter of Resignation

Uniforms

Equipment (e.g. laptop, cell phone, p-card; etc)

Withdrawal of signature authorization privileges

Other — Itemize: _____

I certify notification/receipt:

Principal Investigator Approval — if applicable Date Department Head Signature Date

3. Parking, Transportation and Event Services

Within the last seven days of employment, Parking Transportation and Event Services, located at ASB 3rd floor, to complete and sign this section.

Yes No Not Applicable

Identification Card

Parking

Other-Itemize

I certify receipt of property issued: _____
Parking Transportation and Events Services Signature Date

4. Facilities Development & Operations

Within the last seven days of employment, FD&O, located in the sub-basement of the L building- LSB014, to complete and sign this section

Yes No Not Applicable

Keys

I certify receipt of property issued: _____
FD&O Signature Date

5. Medical Staff Office — if applicable

Within the last seven days of employment, with all sections completed in full, MSO to sign. Call the MSO in advance at Ext. 4450.

Payment of accruals will be held until all debts are credited.

Medical Staff Office Date

Employee Signature Date

**Return Form to:
Human Resources
MC 4035**