UCONN HEALTH

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	☐	☐	☐
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. Campus Planning

Within the last seven days of employment, Campus Planning, located on the 4th floor of Munson Road building – P4030, to complete and sign this section.

	Yes	No	Not Applicable
Keys	☐	☐	☐

I certify receipt of property issued: _____ _____

Campus Planning 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