



Office of Human Resources

## EMPLOYEE SEPARATION CHECKLIST

Supervisors are responsible for ensuring that all sections of this form are completed no later than the employee's last work day and for submitting a PAF, along with the letter of resignation/retirement, if applicable, to the Office of Human Resources.

Employee Name \_\_\_\_\_ V# \_\_\_\_\_

Department/Supervisor \_\_\_\_\_ Separation Date \_\_\_\_\_

| Department  | Verification Signature/Date |
|---|-----------------------------|
| <b><u>Business Office</u></b><br>Paid all outstanding account balances, including parking tickets, travel advances and other fines. Access to all computer systems managed by BO terminated.  |                             |
| <b><u>Campus Police</u></b><br>Returned all issued keys, radios, and College ID/access card.  |                             |
| <b><u>Employee's Home Department</u></b><br>Returned all department issued or assigned equipment, tools, uniforms, radios and any other College property.   |                             |
| <b><u>Information Technology</u></b><br>Disabled access to all College computer systems, including email account, on last workday. Returned all computer equipment, including iPad, Surface, and other computer peripherals and removed Apple ID before turning in to IT. |                             |
| <b><u>Library</u></b><br>Returned all borrowed books and equipment. Paid all lost item fees.  |                             |
| <b><u>Payroll</u></b><br>Updated all address and deduction information. Scheduled repayment of tuition benefits, if applicable.   |                             |
| <b><u>Human Resources</u></b><br>Exit Interview, if applicable. Obtain verification signature during exit meeting.  |                             |

### Acknowledgement of Completion

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

For HR Use Only

**RETURN COMPLETED FORM TO THE OFFICE OF HUMAN RESOURCES**