

Lamar University

Office of Human Resources

880-8375

Memorandum

TO: All Departments

FROM: Associate Vice President for Human Resources

SUBJECT: Exit Checklist

All separating employees must bring a copy of the completed Employment Exit Checklist to the Human Resources Office at the time of the Exit Interview. The separating employee is responsible for completion of Group A items. Departmental administrators are responsible for ensuring that Group B of the checklist is completed. Groups A & B must be completed prior to the Exit Interview in the Human Resources Office. Please send, with the employee, a copy of their Letter of Resignation (if applicable), a copy of the separating F3.2, a copy of the previous month's F3.6 and the F3.6 for the current month. This checklist has been implemented to protect the security of the information system, facilities, assets, and to ensure no money is owed to the University.

Please retain a copy of the Exit Checklist for your records.

Attachments:

Employment Exit Checklist Instructions

Employment Exit Checklist

**EMPLOYMENT EXIT CHECKLIST
INSTRUCTIONS**

PART I

The separating employee completes items under Group A. The employee's supervisor (or designee) completes Group B. The supervisor signs the Exit Checklist to certify that all Group B items have been addressed. Along with the Exit Checklist, the supervisor sends a copy of the separating F3.2, a copy of the employee's resignation letter and F3.6 forms for the previous and current months.

It is the responsibility of the supervisor and/or the separating employee to schedule an Exit Interview with Benefits Personnel in the Human Resources Department.

PART II

The following information must be completed by the terminating employee during the exit interview.

<p>I have returned all property to the proper departments and have settled all debts with my employer. I have been counseled regarding my rights of retirement, continuation of health and/or dental insurance, and settlement of all payments due to me in regards to salary, unused vacation, and/or overtime pay.</p> <p>Signature: _____ Employee ID #: _____ Date: _____</p> <p>Forwarding Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Last check will be: <input type="checkbox"/> Mailed to the address above <input type="checkbox"/> Continue Direct Deposit</p> <p><i>HUMAN RESOURCES BENEFITS STAFF:</i></p> <p>Signature: _____ Date: _____</p>

With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.

EMPLOYMENT EXIT CHECKLIST

NAME _____ Employee ID# _____

TITLE _____ DEPARTMENT _____

LAST DAY WORKED _____

Group A Completed by Employee

_____ Letter of Resignation (*Voluntary Separations Only*)
_____ Turn keys into Physical Plant

Group B Completed by Supervisor

Verify with LU Finance, 880-8932
_____ Money owed to LU
_____ Traffic Tickets
Verify with LU Finance, 880-8383
_____ Travel Advances
(Supervisor will receive an email confirmation after the Travel Department is contacted.)

Verify with Library, 880-8134
_____ Library Books unreturned

Verify with LU Technology Services, 839-2222
_____ Computer Account Deactivation
_____ Cellular Service Deactivation
_____ Long Distance Authorization Code Deactivation
_____ Lamar Electronic Account (LEA) Deactivation

Collect from employee:
_____ Computer Equipment (Notebook, Printer)*
_____ Cell Phone/MiFi Modem*
_____ Pager *
_____ Tools/Safety Equipment
_____ Resignation Letter (*Voluntary Separations Only*)
_____ Credit Card*
_____ Receipt for Keys
_____ Parking Pass*
_____ Gate Card(s)*
_____ I.D. Card
_____ Password for Voice Mail

Prepare:
_____ Personnel Action Form (F3.2)
_____ Vacation/Sick Leave Form (F3.6)

By signing this form you are certifying that all of the Group B items have been addressed.

Signature: Supervisor **Date**

Group C Completed by Human Resources

Collect from Employee
_____ Copy of completed F3.2
_____ Exit Interview Checklist
_____ Copy of resignation letter (*Voluntary Separations Only*)
_____ Vacation/Sick Leave form

Review with Employee

_____ Clarification of
 _____ Separation
 _____ Transfer/state agency
 _____ Retirement
_____ PPACMNT
_____ Sick leave pool donation
_____ Retirement fund options
_____ Exit Interview questionnaire
_____ Health/Dental (retiree)
_____ Life Insurance (retiree)
_____ COBRA Information
_____ Vacation/Overtime pay or transfer
_____ Final Paycheck
_____ Change of Address (as needed)
_____ Transfer of Benefits (transfer only)
_____ HCRA

Signature: HR Benefits Staff **Date**

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*Return items to appropriate department