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.

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature: ___________________________ Employee ID #: ___________________________ Date: ____________</td>
</tr>
<tr>
<td>Forwarding Address: ___________________________</td>
</tr>
<tr>
<td>City: ___________________________ State: ___________ ZIP: ___________</td>
</tr>
<tr>
<td>Last check will be: _____ Mailed to the address above</td>
</tr>
<tr>
<td>_____ Continue Direct Deposit</td>
</tr>
</tbody>
</table>

**HUMAN RESOURCES BENEFITS STAFF:**

| Signature: ___________________________ Date: ____________ |

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
____ Lab Chain of Custody Form

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 Travel Dept is contacted.)
____ Signed off Lab Chain of Custody Form
Circle: Yes, No or N/A

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*
____ 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
____ Mileage Log (complete and submit to Payroll)

Prepare:
____ Personnel Action Form (F3.2)
____ Vacation/Sick Leave Form (F3.6)
____ Email department approved Personnel Action Form (F3.2) to terri.jones@lamar.edu

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

Signature: ___________________________ 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 ______________________

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

*Return items to appropriate department