

# Lamar University

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## 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.

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.	
Signature: _____	Employee ID #: _____ Date: _____
Forwarding Address: _____	
City: _____	State: _____ ZIP: _____
Last check will be: <input type="checkbox"/> Mailed to the address above	
<input type="checkbox"/> Continue Direct Deposit	
<i>HUMAN RESOURCES BENEFITS STAFF:</i>	
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](mailto:terri.jones@lamar.edu)

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

### 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.

\_\_\_\_\_  
**Signature: Supervisor**

\_\_\_\_\_  
**Date**

\*Return items to appropriate department