EMPLOYMENT EXIT CHECKLIST

NAME ________________________________ LAMAR ID ________________________________

TITLE ________________________________ DEPARTMENT ________________________________

IN VOLUNTARY SEPARATION YES or NO LAST DAY WORKED ________________________________

Step 1 Complete By Department:

Submit Separation Notification Form
https://www.lamar.edu/forms/human-resources/separation-notice.html
Complete EPAF

Verify:

• LU Finance, 880-8932
  _____ Money owed to LU
  _____ Traffic Tickets
• LU Finance, 880-8383
  _____ Travel Advances
  (Supervisor will receive an email confirmation after
  Travel Dept is contacted.)
• Library, 880-8134
  _____ Library Books unreturned
• _____ De-provisioning link
  https://mgmtapps.lamar.edu/confluence/display/IT/Scheduled+Account+and+Access+De-Provisioning+Request

Collect:

_____ Letter of Resignation (if provided)
_____ Computer Equipment (Notebook, Printer)*
_____ Cell Phone/MiFi Modem*
_____ Tools/Safety Equipment
_____ Assigned Keys
_____ Uniforms
_____ Credit Card/ProCard*
_____ Parking Pass*
_____ Employee I.D. Card/Clinical I.D. Card*/Gate Cards
_____ Passcode for Voice Mail
_____ Final Travel Voucher(s)

Email the following to HR@lamar.edu:

• Completed & Signed Exit Checklist
• Resignation Letter
• Vacation/Sick Leave Form F3.6 (monthly employees)
  https://www.lamar.edu/faculty-staff/_files/documents/human-resources/forms/leave/f3.6-
  blank-form-lu.pdf

By signing this form, you are certifying that all items in above have been addressed.

__________________________     ________
Supervisor Signature                             Date

Any questions contact HR@lamar.edu or ext.8375.

Step 2 Human Resources Received:

_____ Exit Interview Checklist
_____ Vacation/Sick Leave Form
_____ End Job Assignment EPAF

Step 3 Benefit Coordinator reviews with Employee:

Clarification of:

_____ Separation
_____ Transfer/state agency
_____ Retirement
_____ Sick leave pool donation
_____ Retirement fund options
_____ Health/Dental (retiree)
_____ Life Insurance (retiree)
_____ COBRA Information
_____ Final Pay Check
_____ Change of Address (as needed)
_____ Transfer of Benefits (transfer only)

__________________________  ________
HR Benefits Staff Signature         Date

__________________________  ________
HR Generalist Signature        Date

Forwarding Address:______________________________
City:__________State: _____ Zip: _______

Personal Email: ____________________________

Last check will be:_____ Mailed to the address
_____ Continue Direct Deposit

Revised 10/14/2022