EMPLOYMENT EXIT CHECKLIST

NAME ___________________________ LAMAR ID ___________________________
TITLE ___________________________ DEPARTMENT ___________________________
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

HR Benefits Staff Signature                        Date
Report any questions to 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)

Forwarding Address: ___________________________
City: ________ State: ______ Zip: ______
Personal Email: ___________________________

Last check will be: _____Mailed to the address
                      _____Continue Direct Deposit

_________________________     ________
HR Generalist Signature                                        Date

Revised 3/9/2022