EMPLOYEE DEPARTMENTAL EXIT CHECKLIST

NAME ___________________________ LAMAR ID ___________________________
TITLE ___________________________ DEPARTMENT ___________________________
INVOLUNTARY 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
- LU Finance, 880-8383
  _____Travel Advances
  (Supervisor will receive an email confirmation after Travel Dept is contacted.)
- Library, 880-8134
  _____Library Books unreturned

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

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

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

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