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
- 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)

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

Forwarding Address: ________________________________
City: ________________  State: _____  Zip: _______
Personal Email: __________________________________

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

_________________________  ________
HR Generalist Signature        Date

Revised 10/14/2022