



EMPLOYEE CHECKOUT FORM

Employee Name: _____

All full-time employees are required to complete this form prior to terminating employment. If this form is not completed, final wages <u>may</u> be withheld until completed.		
Areas		Please sign or initial after the exiting employee has cleared your area.
1	IMMEDIATE SUPERVISOR (Assure office space is vacated and ALL instructional equipment is returned.)	_____, Supervisor
2	LIBRARY SERVICES (Return Books/Equipment and Pay Overdue fines.)	_____, Director of LS
3	KEYS (Return to Director of Facilities)	_____, Director of Facilities
4	ACADEMIC SKILLS CENTER (Return materials)	_____, Director of ASC
5	REGISTRAR (Assure Class Records Up-Dated)	_____, Registrar
6	DIRECTOR OF FINANCIAL SERVICES (Termination Date, Final Pay)	_____, Director of FS
7	SYSTEMS ADMINISTRATOR (Access Rights/Password deleted from the system. Phones/Phone Pass codes.) Employee information cleared from the system? Director of Technology Services Employee documents removed from desktop/laptop computer AND computer/technology equipment returned to Technology Services	_____, Systems Admin. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ Groupwise <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ Phone Directory <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ Datatel <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ E-Procurement <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ _____, Director of TS
8	HUMAN RESOURCES (A copy of Resignation/Termination Letter and Updated Personnel File.)	_____, Director Effective Date: _____