

EMPLOYEE EXIT/TERMINATION FORM

All faculty and staff members (full and part time) who are terminating employment with the University are requested to have this form completed and returned to the office of the Director of Human Resources prior to or on their final day of employment.

Name: _____ Termination Date: _____

Title: _____ Department/Division: _____

Forwarding Address: _____

1. The above named has returned all library documents.

(Circulation Department-Prescott Library) _____ Date: _____

2. The above named has turned in all grade sheets (if applicable).

(Registrar) _____ Date: _____

3. The above named does not owe the University any money and has turned in the State Liability Travel Card and the Brookshire's Grocery Card (if applicable).

(Comptroller) _____ Date: _____

4. The above named has terminated user ID/Password Access with Computing Center.

(Director of Computing Center) _____ Date: _____

5. The employee named above has turned in all University property, including copies of grade reports and materials. If applicable, above named employee has completed all employment obligations, and has vacated office space.

(Dean or Division Head) _____ Date: _____

6. The above named has turned in all University issued keys.

(Physical Plant, 1100 Hull Street, South Campus) _____ Date: _____

7. The above named has returned all lab books and relevant documentation (if applicable).

(Office of Technology Transfer) _____ Date: _____

8. The above named has cleared all issues related to sponsored research projects (if applicable).

(Office of University Research) _____ Date: _____

9. The above named does not owe the University for any outstanding parking tickets.

(University Police Department) _____ Date: _____

10. The above named has turned in the University Purchasing Card.

(Director of Purchasing) _____ Date: _____

11. The above named has turned in the Faculty/Staff I.D. Card.

(Director of Human Resources) _____ Date: _____