

Lamar Institute of Technology

Office of Human Resources
880-8375

Memorandum

TO: All Departments
FROM: Associate Vice President for Human Resources
SUBJECT: Exit Checklist

All exiting employees must bring a copy of the completed Employment Exit Checklist to the Human Resources Office at the time of the exit interview. The exiting employee is responsible for completion of Group A items. Departmental administrators are responsible for assuring that Group B of the checklist is completed. Groups A & B must be completed prior to the Exit Interview in the Human Resources Office. Please send, with the employee, a copy of their Letter of Resignation (if applicable), copy of F3.2, copy of previous month's F3.6 and the F3.6 for the current month. Also send the Exit Interview packet with the employee.

This checklist has been implemented to protect the security of the information system, facilities, assets, and to assure the collection of creditcards.

Please maintain the attached copy as a master for duplication whenever an employee resigns, retires, or is terminated from your department.

Attachments:
Employment Exit Checklist Instructions
Employment Exit Checklist

EMPLOYMENT EXIT CHECKLIST INSTRUCTIONS

PART I

The exiting employee will be responsible for completing items in Group A. For Items in Group B, the department secretary (or designated person) will call the designated extension, get clearance for the exiting employee and collect/prepare the listed items. By initialing the blank in front of each item, the secretary (or designee) shall indicate that clearance was received and items have been collected/prepared. Copy of F3.2, copy of letter of resignation, F3.6 for current month, copy of F3.6 for previous month, and exit checklist should be turned over to the Human Resources officer during the exit interview.

It is the responsibility of the department and/or the exiting employee to schedule an appointment with the Human Resources Office for an Exit Interview.

PART II

The following information must be completed by the terminating employee during the exit interview.

I have returned all property to the proper departments and I have settled all debts with my employer. I have been counseled regarding my rights of retirement, continuation of health and/or dental insurance, and settlement of all payments due to me in regards to salary, unused vacation, and/or overtime pay.

Signature: _____ Employee ID #: _____ Date: _____

Forwarding Address: _____

City: _____ State: _____ ZIP: _____

Last check will be: _____ Mailed to the address above

_____ Continue Direct Deposit

HUMAN RESOURCES REPRESENTATIVE:

Signature: _____ Date: _____

With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.

EMPLOYMENT EXIT CHECKLIST

NAME _____ Employee ID# _____
TITLE _____ DEPARTMENT _____
LAST DAY WORKED _____

Group A

Completed by Employee

_____ Letter of Resignation (Voluntary Separations Only)
_____ Turn keys into Physical Plant

Group B Completed by Department

Verify with LIT Cashier, 839-2064

_____ Money owed to LIT
_____ Traffic Tickets

Verify with LIT Finance, 839-2021

_____ Travel Advances

Verify with Library, 880-8134

_____ Library Books unreturned

Verify with LIT Technology Services, 839-2074

_____ Computer Account Deactivation
_____ Cellular Service Deactivation
_____ Long Distance Authorization Code
Deactivation
_____ Lamar Electronic Account (LEA) Deactivation

Collect from employee:

_____ Computer Equipment (Notebook, Printer)*
_____ Cell Phone/MiFi Modem*
_____ Pager *
_____ Tools/Safety Equipment
_____ Resignation Letter (Voluntary Separations Only)
_____ Credit Card*

_____ Receipt for Keys
_____ Parking Pass*
_____ Gate Card(s)*
_____ I.D. Card
_____ Password for Voice Mail

Prepare:

_____ Personnel Action Form (F3.2)
_____ Vacation/Sick Leave Form (F3.6)
_____ Send copy of signed separation
F3.2 to terri.jones@lamar.edu

Group B completed by:

Group C Completed by Human Resources

Collect from Employee

_____ Copy of completed F3.2
_____ Exit Interview Checklist
_____ Copy of resignation letter (Voluntary Separations Only)
_____ Vacation/Sick Leave form

Review with Employee

_____ Clarification of
_____ Separation
_____ Transfer/state agency
_____ Retirement _____ PPACMNT

_____ Sick leave pool donation
_____ Retirement fund options
_____ Exit Interview questionnaire
_____ Health/Dental (retiree)
_____ Life Insurance (retiree)
_____ COBRA Information
_____ Vacation/Overtime pay or transfer
_____ Final Paycheck

_____ Change of Address (as needed)
_____ Transfer of Benefits (transfer only)
_____ HCRA

Group C completed by:

Date

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*Return items to appropriate department Date