

University Of Missouri Employee Separation Check List

Columbia
 Kansas City
 Rolla
 St. Louis
 Hospitals and Clinics
 UM System

TO: Name	EMPLID	Department
FROM:	<input type="checkbox"/> Separation <input type="checkbox"/> Transfer	Effective Date _____

This is to confirm your last working date with this department will be _____. Please call my office to set a time to complete the necessary checkout procedures. Please bring with you the following University property which our records indicate has been issued to you.

	DATE	
Issued	Returned	
_____	_____	Uni-Card - Airfare (# _____)
_____	_____	Uni-Card - Purchasing (# _____)
_____	_____	Corporate Travel Card
_____	_____	University Club Card
_____	_____	Keys, Card Keys (Office, Building, Other)
_____	_____	Parking Permit
_____	_____	Tools/Equipment
_____	_____	Uniforms
_____	_____	University I. D. Card
_____	_____	Division/Department I.D. Badge
_____	_____	Telephone Calling Card
_____	_____	Other

The following check list is to assist the person conducting the check out.

Authorization and Other Exit Items

_____	Any Outstanding Fine/Fees to be Paid
_____	Bi-Weekly Time Sheet Signed/Submitted
_____	Monthly Absence Summary Completed
_____	PAF (transfer/termination) Processed (include leave accrual info)
_____	Computer Account(s) Deleted
_____	Security System Access Deleted
_____	Voice Mail Access and Message Changed
_____	WATS Access Number Deleted
_____	University and/or Div./Dept. I. D. Cards Destroyed
_____	Division/Department I.D. Badge
_____	Clean Out Lockers, Desk, etc.
_____	Other

Employee Signature at Hire	Date	Supervisor's Signature	Date
Employee Signature at Exit	Date	Supervisor's Signature	Date

This form should be completed for all transferring or separating employees. The completed checklist should be returned to the Human Resources department along with the transfer/terminating PAF.