BAYLOR UNIVERSITY

FACULTY/STAFF SEPARATION PROCESSING FORM

THIS CONFIDENTIAL FORM MUST BE COMPLETED TO INSURE TIMELY PROCESSING OF FINAL PAYCHECK.

LAST NAME _____ FIRST _____ MI _____ BAYLOR ID NUMBER _____ LAST WORK DAY _____

FORWARDING ADDRESS: STREET/RT/BX _____ CITY _____ STATE _____ ZIP _____

A/C PHONE NUMBER _____ DEPARTMENT NAME _____

THE EXITING EMPLOYEE AND THEIR DEPARTMENT'S DESIGNEE ARE TO COMPLETE **SECTIONS 'A' AND 'B'** OF THE FOLLOWING CHECKLIST AS APPLICABLE. SECTION 'C' WILL BE COMPLETED DURING THE EXIT PLANNING APPOINTMENT WITH HUMAN RESOURCES **ON OR BEFORE** THE LAST WORK DAY. PLEASE CONTACT HUMAN RESOURCES AT 710-8539 TO SCHEDULE AN EXIT PLANNING APPOINTMENT.

A. DEPARTMENT CLEARANCE

		EMPLOYEE'S INITIALS	DATE	VERIFIED BY: DEPT REPRESENTATIVE	DATE
1.	UNIVERSITY PROPERTY RETURNED (PHONE, LAP TOP, BLACKBERRY, ETC.)				
2.	TRANSFER BUSINESS FILES TO DEPARTMENT DESIGNATED EMPLOYEE				
3.	LAB/WORK AREA CLEANED				
4.	UNIFORMS RETURNED				
5.	HAZARDOUS MATERIALS LABELED				

B. MISCELLANEOUS CHARGES CLEARANCE

		EMPLOYEE'S INITIALS	DATE	DEPT REPRESENTATIVE	DATE
1.	BOOKSTORE CASHIER'S OFFICE* (710-6975)				
2.	PURCHASING AND TRAVEL CARD* (710-8637)				
3.	LIBRARY BOOKS* (710-6703)				
4.	TELEPHONE LONG DISTANCE CHARGES*				
5.	HEALTH CENTER PHARMACY* (710-4991)				
6.	ACCOUNTS PAYABLE* (710-8672) (For Outstanding Group Travel Advances)				

*Amount to be deducted from final paycheck, unless other arrangements have been made.

IF APPLICABLE, EMPLOYEE MUST CONTACT THE FOLLOWING:

7.	PAYROLL (FINAL MILEAGE REPORT) 710-2217				
8.	STUDENT FINANCIAL AID (TUITION REMISSION) 710-2611				
9.	ITS HELPDESK *TO RETAIN ALUMNI EMAIL (710-4357)				

C. HUMAN RESOURCES

		EMPLOYEE'S INITIALS	DATE	HUMAN RESOURCES REPRESENTATIVE	DATE
1.	INSURANCE PRODUCTS				
2.	RETIREMENT INCOME PLAN				
3.	EXIT PLANNING APPOINTMENT				
4.	ID CARD(S) RETURNED				
5.	PARKING DECAL(S) RETURNED (UNLESS RETIRING)				
6.	OFFICE/DESK KEYS RETURNED				
7.	PURCHASING OR TRAVEL CARD(S) RETURNED				

The information noted above is true and correct.

FACULTY/STAFF MEMBER _____ DATE _____ HUMAN RESOURCES _____ DATE _____

BU-PP 833C
10/2009