

BAYLOR UNIVERSITY

FACULTY/STAFF SEPARATION PROCESSING FORM

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

PERSONAL INFORMATION

LAST NAME	FIRST	MI	BAYLOR ID NUMBER	LAST WORK DAY
FORWARDING ADDRESS: STREET		CITY	STATE	ZIP
PHONE NUMBER		DEPARTMENT NAME		

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

A. DEPARTMENT CLEARANCE

FACULTY/STAFF MEMBER INITIALS

<input type="checkbox"/> UNIVERSITY PROPERTY RETURNED (CELL PHONE, LAP TOP, ETC)	
<input type="checkbox"/> LOANER EQUIPMENT RETURNED	
<input type="checkbox"/> PURCHASING OR TRAVEL CARD RETURNED	
<input type="checkbox"/> TRANSFER BUSINESS FILES TO DEPARTMENT DESIGNATED EMPLOYEE	
<input type="checkbox"/> LAB/WORK AREA CLEANED	
<input type="checkbox"/> UNIFORMS RETURNED	
<input type="checkbox"/> OFFICE KEYS RETURN TO KEY SHOP; 1919 SOUTH 1 ST * <i>*RETURN RECEIPT FROM KEY SHOP DUE AT TIME OF EXIT INTERVIEW</i>	
OUTSTANDING CHARGES <i>Employee is responsible for contacting each department to ensure there are no outstanding charges</i>	
<input type="checkbox"/> BOOKSTORE CASHIERS OFFICE* (710-6975)	
<input type="checkbox"/> PURCHASING AND TRAVEL CARD FEES* (710-8637)	
<input type="checkbox"/> LIBRARY BOOKS* (710-2122)	
<input type="checkbox"/> HEALTH CENTER PHARMACY * (710-4991)	
<input type="checkbox"/> ACCOUNTS PAYABLE * (710-8672)	
<input type="checkbox"/> FINAL MILEAGE – CONTACT PAYROLL (710-2217)	
<input type="checkbox"/> TUITION REMISSION – CONTACT STUDENT FINANCIAL AID (710-2611)	

* AMOUNT WILL BE DEDUCTED FROM FINAL PAYCHECK UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE

FACULTY/STAFF MEMBER SIGNATURE	DATE	MANAGER/DEPARTMENT SIGNATURE	DATE
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B. HUMAN RESOURCES

<input type="checkbox"/> INSURANCE PRODUCTS	
<input type="checkbox"/> RETIREMENT INCOME PLAN	
<input type="checkbox"/> ID CARD(S) RETURNED	
<input type="checkbox"/> RETURN RECEIPT FROM KEY SHOP RECEIVED	

FACULTY/STAFF MEMBER SIGNATURE	DATE	HUMAN RESOURCES SIGNATURE	DATE
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