

EMPLOYEE EXIT CHECKLIST

Please complete this exit checklist on or before your last day of employment. Employees at off campus locations will have the Director/Supervisor verify the return of keys and/or technology related items.

A completed exit checklist will be required to process your	r termination in order to receive your final paycheck.
Date:	
Employee Name:	Last day of employment:
Title:	Department:
INFORMATION TECHNOLOGY (IT) DEPARTMENT: Items of	-
Item(s) still checked out:Replacement Co	ost:
Verified by (print name):	Signature:
FACILITIES DEPARTMENT:	
Keys Returned Uniforms Returned	☐ Yes ☐ No ☐ Yes ☐ No ☐ NA
☐ Item(s) Outstanding:	Replacement Cost:
Verified by (print name):	Signature:
1) Grades Submitted Yes No 2) Student Records	classes are required to have this section verified by the Dept. Chair Yes No 3) Attendance and Grade Records Yes No
Employee will continue or is scheduled to teach as an adjunct	
☐ Items Outstanding:	
Verified by (print name):	Signature:
FINANCIAL AID: Verify if the employee is receiving tuition wa	vaiver benefits. □ No (Name(s)/ID#)
Employee termination before mid-term?	% of tuition costs due to College
Verified by (print name):	Signature:
does not include paid leave days used but not recorded as of	vacation leave payout based on current balance. Estimated amount f this date. Accrued vacation payout is issued two weeks after last be Board Policy, accrued sick leave and unused personal leave are no
paid out.	b board i oney, accided sick leave and unused personal leave are ne

DEPARTMENT/SUPERVISOR: Letter of Resignation submitted to Human Resources ☐ Yes ☐ No Office clean and orderly with all personal items removed ☐ Yes ☐ No ☐ Yes ☐ No All College/Department items have been returned Signed final time sheet submitted (if applicable) ☐ Yes ☐ No ☐ NA Signed final Leave of Absence form submitted ☐ Yes ☐ No ☐ Item(s) Outstanding: _____ Replacement Cost: Verified by (print name):_____ Signature: BUSINESS OFFICE: Verify any balance due the College on the date signed. This amount may not include any pending charges for other balances due to the College, (i.e. failure to return College property, any property damage, tuition reimbursement). Cell Phone/Mobile Device Allowance Discontinued (if applicable) College Credit Card (if applicable) has been returned to the Business Office Student PERC/Accounts Receivable Hold Tes INO INA Yes No N/A Amount: Yes No Signature: Verified by: **HUMAN RESOURCES:** Paperwork: (Review with Employee) ☐ COBRA Paperwork Requested (if applicable) ☐ PSRS/PEERS Retirement Information ☐ ECC Retiree Benefits ☐ Web Helpdesk Ticket to remove accounts/access ☐ Informed about access to eCentral for W-2 and pay advices Outstanding Amounts: (HR personnel only) ☐ Information Technology (IT) ☐ Yes ☐ No Amount Due: _____ Amount Due: _____ ☐ Facilities ☐ Yes ☐ No Amount Due: _____ ☐ Library ☐ Yes ☐ No ☐ Yes ☐ No Amount Due: _____ ☐ Tuition Waiver payment due to College Amount Due: _____ ☐ Tuition Reimbursement payment due to College ☐ Yes ☐ No Verified by (print name):_____ Signature: EMPLOYEE: Failure to complete and submit the signed form to Human Resources could result in processing delay of last paycheck. You will continue to have access to eCentral account after termination. ☐ I have returned all College property ☐ I have submitted my final time sheet (if applicable) ☐ I have submitted my final leave of absence form (if applicable) ☐ I have submitted grade and attendance records (if applicable) ☐ I made payment for tuition waiver or tuition reimbursement costs due to the College (if applicable) ☐ I have verified my address with Human Resources for W-2 ☐ I understand that my W-2 will be mailed. ☐ If a retiree, I wish to be on the email list to be contacted regarding campus events, etc. ☐ Yes ☐ No I understand that if I owe the College any outstanding balance, I am responsible for this cost. I understand that the College will withhold the outstanding balance, as allowed by law, from my last paycheck and/or from accrued vacation payment I would have received. If I still have a remaining balance, I will be responsible for payment within 30 days of my last day of work. If any discrepancies, you must contact Human Resources. Employee's Signature/Date Personal email address