



**CHECKOUT PROCEDURE FOR TEMPORARY PART-TIME & SEASONAL TERMINATING EMPLOYEES**

Terminating personnel are to visit the offices listed below and receive clearance via full signatures.

	<u>Signature Required for Clearance</u>
A. <b>Library:</b> <input type="checkbox"/> Books <input type="checkbox"/> Equipment .....	_____
B. <b>Campus Police:</b> <input type="checkbox"/> Keys <input type="checkbox"/> Parking Permit _____	_____
C. <b>Department/Division:</b> _____ <input type="checkbox"/> Keys <input type="checkbox"/> Books <input type="checkbox"/> Computer Software <input type="checkbox"/> Grant-funded Equipment <input type="checkbox"/> Time Cards/Work Time submitted via STARnet	_____
D. <b>IET:</b> <input type="checkbox"/> Tapes/CDs/DVDs <input type="checkbox"/> Equipment <input type="checkbox"/> Laptop Computer <input type="checkbox"/> iPad ...	_____
E. <b>Human Resources:</b> Termination Date: _____	_____

IV. Submit this form to Human Resources. If an exit interview is requested (see “employee section” below), then an exit interview form will be completed by Human Resources and filed along with this *Checkout Procedure* form in the terminating employee's personnel file.

**TO BE COMPLETED BY TERMINATING EMPLOYEE:**

NAME: \_\_\_\_\_ SSN/BANNER ID: \_\_\_\_\_

TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EXIT INTERVIEW:  Requested  Declined -----  No Response From Employee

*Realizing that, subsequent to the last working day, employees are not authorized to have in their possession any official records, data and or property belonging to the institution, I certify that all papers and records, including electronic files, as well as pertinent information and data supporting the ongoing function of the unit remain in satisfactory condition and thus are present, available and usable by staff to sustain the ongoing operation of this unit. Furthermore, I certify that all usernames, passwords, and email addresses used in the performance of my job duties have been made known to the institution.*

**Final pay will be made by direct deposit into the account that is currently on file in the Payroll Department.**

NOTE: Please be aware that, consistent with WSCC Policy 06:40:00, you will no longer have access to your Walters State email account.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_