

**EMPLOYEE
END OF EMPLOYMENT CHECKLIST**

Building Administrator, (Initial and Date)

_____ Return Keys

_____ Fixed Assets Accounted For

HR Office, (Initial and Date)

_____ Letter of Resignation

_____ Enter last date of employment

Business Office, (Initial and Date)

_____ Authorization to Terminate Payroll

_____ Employee Benefits Notification (State Retirement Form)

_____ Final Time Sheet

_____ Purchasing Card

_____ Cancel Medical and Dental Supplements

_____ Check Flexible Spending Accounts

_____ Payroll Deductions (UBET, Athletic Club, Dues, etc)

Employee Name: _____

Forwarding Address: _____

Employee Signature

Date

Final check will be issued after this form is completed and returned to the business office.