

EMPLOYMENT EXIT CHECKLIST

NAME _____ LAMAR ID _____
 TITLE _____ DEPARTMENT _____
 INVOLUNTARY SEPARATION YES or NO LAST DAY WORKED _____

Step 1 Complete By Department:

_____ Submit Separation Notification Form
<https://www.lamar.edu/forms/human-resources/separation-notice.html>
 _____ Complete EPAF

Verify:

- LU Finance, 880-8932
 _____ Money owed to LU
 _____ Traffic Tickets
- LU Finance, 880-8383
 _____ Travel Advances
(Supervisor will receive an email confirmation after Travel Dept is contacted.)
- Library, 880-8134
 _____ Library Books unreturned
 _____ De-provisioning link
<https://mqmtapps.lamar.edu/confluence/display/IT/Scheduled+Account+and+Access+De-Provisioning+Request>

Collect:

_____ Letter of Resignation (if provided)
 _____ Computer Equipment (Notebook, Printer)*
 _____ Cell Phone/MiFi Modem*
 _____ Tools/Safety Equipment
 _____ Assigned Keys
 _____ Uniforms
 _____ Credit Card/ProCard*
 _____ Parking Pass*
 _____ Employee I.D. Card/Clinical I.D. Card*/Gate Cards
 _____ Passcode for Voice Mail _____
 _____ Final Travel Voucher(s)

Email the following to HR@lamar.edu:

- Completed & Signed Exit Checklist
- Resignation Letter
- Vacation/Sick Leave Form F3.6 (monthly employees) <https://www.lamar.edu/faculty-staff/files/documents/human-resources/forms/leave/f3.6-blank-form-lu.pdf>

By signing this form, you are certifying that all items in above have been addressed.

 Supervisor Signature Date

Step 2 Human Resources Received:

_____ Exit Interview Checklist
 _____ Vacation/Sick Leave Form
 _____ End Job Assignment EPAF

Step 3 Benefit Coordinator reviews with Employee:

Clarification of:
 _____ Separation
 _____ Transfer/state agency
 _____ Retirement
 _____ Sick leave pool donation
 _____ Retirement fund options
 _____ Health/Dental (retiree)
 _____ Life Insurance (retiree)
 _____ COBRA Information
 _____ Final Pay Check
 _____ Change of Address (as needed)
 _____ Transfer of Benefits (transfer only)

 HR Benefits Staff Signature

 Date

Forwarding Address: _____

City: _____ State: _____ Zip: _____

Personal Email: _____

Last check will be: _____ Mailed to the address
 _____ Continue Direct Deposit

 HR Generalist Signature

 Date