



### 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://mgmtapps.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](mailto: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