

EMPLOYEE CHECK-OUT FORM

This form is required for full-time employees, recommended for part-time employees.

If an employee is changing from full-time to part-time in the same department; the supervisor and employee discuss which signatures are necessary for checkout, if any.

If an employee is changing from full-time to part-time for the same department or another department; the employee contacts the Benefits office in HR to discuss their personal benefit changes.

Banner ID		Name	
Separation Date		(A holiday may not be reported as a separation date unless the individual actually worked that day.)	
Department		Position Title	

This form must have all necessary signatures *before* it is taken to the Human Resources Office.

Select One: Part-time (completes section A)

Full-time (completes section A & B)

SIGNATURES REQUIRED

Section A			
-Department Supervisor (ie: uniform, one-card, laptop, etc.)			
-Library (Lib - Main Circulation Desk)			
-Parking Services (return permit & CERT supplies, if applicable, to GFSB 103 or drive-up window)			
-Keys (GFSB 105B)			
-Purchasing Card, if applicable (AAB 311)			
Section B			
-Travel Card (AAB 301)			
-Accounts Payable/LCD (AAB 301)			
-Monthly Communication Plan Allowance (AAB 301)			
Employee's reason for separation:			
Employee: Please provide a forwarding address (if applicable):			
Address	City	State	Zip
Employee's Signature		Date	
Human Resources (IAB 201)			

Medical Plan/Pharmacy Cards Returned	
Notification of Cobra	
Notification of Utah Retirement Employee Benefits	
Number of eligible, unused vacation days	
Eligible to donate to sick leave pool (over 18 days)	
Last day of work	