

EMPLOYEE CHECK-OUT FORM

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

Note: Departments must contact HR (ext. 4210) prior to changing a full-time employee to a part-time employee.

Banner ID		Employee 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, laptop, cell phone, etc.)			
-Library (Lib - Main Circulation Desk)			
-Parking Services (return CERT supplies, if applicable, to GFSB 103 or drive-up window – verify applicable parking fees)			
-Keys, Fobs, One-Card Fobs (GFSB 105B)			
-Purchasing Card, if applicable (AAB 301)			
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 (AAB 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			