

SEPARATION CLEARANCE CHECKLIST

Employee Name	Campus ID
Home Department	

HAVE YOU reviewed & completed the <i>Asset Tracking Form</i> and returned to your Supervisor or Department Rep:	Employee Initials & Date	Authorized Rep Initials & Date
All Keys? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Campus ID Card? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Account Codes & Passes? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Computer/ Info Tech Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Telecommunications Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Vehicles / Transport Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Parking Pass (to Transportation Dept)? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Library / Bookstore Materials? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Other Equipment & Materials? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Timesheets & Leave Reports? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Travel Expense Receipts & Reports? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Phone / Fax Or Other Usage Logs? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
HAVE YOU ALSO		
Given your <u>Forwarding Address</u> to your HR/Payroll Rep – so you will receive your annual W-2 income tax forms, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
If engaged in research as part of your job, contacted Research Administration to review <u>research agreements</u> , patents, intellectual property agreements, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
If working in a lab environment, contacted Environmental Health & Safety regarding the handling of <u>controlled materials</u> such chemicals, lasers, radiation, biohazards? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Attended your <u>exit interview</u> – for info about benefits- continuation after separation (if applicable) and to offer confidential comments? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Do you want to donate your excess annual leave (beyond the max 240 hours payout) to a specific person currently on the <u>Shared Leave Program</u> ? <input type="checkbox"/> Yes (Contact HR for info) <input type="checkbox"/> No		

HR Separation Clearance Form: 4/14/2008

BACK PAGE completed by Supervisor, HR/Payroll Rep, & Dept Head →

SEPARATION CLEARANCE CHECKLIST, page 2

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Home Department	

SUPERVISOR and/or HR / PAYROLL REP:

HAVE YOU:	Authorized Rep Initials & Date
Terminated the individual's long distance access codes?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Terminated the individual's access rights to all NCSU Systems?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Terminated the individual's signature authority on bank accounts (such as Foundation accounts)	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Collected from the individual all assets listed on Asset Tracking Form?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Wage-in-kind adjustments accounted for?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Forwarded materials as appropriate to HR?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Cancelled any training scheduled but not yet incurred?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Cancelled any travel scheduled but not yet incurred?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Submitted appropriate separation action(s) through HR System prior to the payroll cutoff deadline for the final pay date?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Set up an Exit Interview for the individual with --- HR Employee Relations, if SPA or EPA non-faculty ---Office of Equal Opportunity if Faculty	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Put a "tickler" on your calendar for 1 month after the termination date to verify that all payroll transactions have cleared, and to terminate individual from the Leave System. Post leave transactions to reduce leave balances to zero.	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable

DEPARTMENT HEAD / DIRECTOR:

My signature certifies that all separation requirements for the individual have been satisfied.

Dept Head/ Director SIGNATURE	Dept Head/Director Name, Printed	Date

A copy of this completed form should be submitted for the individual's permanent Personnel File

**TO: HR Information Management
 Campus Box 7210, NC State University**

HR Use ONLY	
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