



TEXAS A&M

HEALTH SCIENCE CENTER

Office of Information Technology
Exit Checklist

Employee Name: _____ SSN _____

Title: _____

Department _____ Supervisor _____

Last Day of Work _____ Last Day of Employment _____

Voluntary Termination? ___ Yes ___ No

Was employee on probationary status? ___ Yes ___ No

Transfers

- Transfer to: _____
Coordinate with receiving department
Vacation/Sick Leave Balance Notice
Transfer personnel File (if within TAMU)

Payroll and HR

- Form 500
Letter of Resignation or supervisor's letter
COBRA - with certificate of mailing
TRS - Call Benefits at 845 4105
Sick Leave Pool form.
Direct deposit Yes ___ No ___
Pick up Check ___ Stub ___ or Mail ___
Holiday hours compensable ___
Sick Leave Pool donation
Time sheet for PRD or adjust BVD
Request for leave forms
Outstanding travel vouchers, reimbursements, receipts.
Last Pay date _____
Employee personal data form (update address for paycheck and W2)

Administrative

- Keys Returned
Parking processed
Laptops/Electronics returned
TAMU Charge card destroyed
Home equipment returned
Pager, Cell, and Voice mail de-activated
Return COM ID Card

Information Resources

- Login ID / E-Mail Account de-activated
Email Expiration Date _____
M,
Neo, Claim,
Famis,
BPP
Administrative or Student Logins revoked.
Removed from distributions, Listserv, and accounts.
Computer cleaned (workgroup, name, data backup, archives and customization)
State property forms revoked for equipment taken home.

Completed by _____ (initials)

Final acknowledgement: I certify that all steps in this checklist have been completed by the proper authorities.

Supervisor signature: _____ Date: _____