_____ 20_____ _____
Final date of employment Name

WSC ID #_____

EXIT CHECKOUT

All of the following steps must be completed by all terminating employees (unless noted by Human Resources) and the form returned to the Human Resources office (217 Ute Hall), along with a final timesheet or report (classified & administrative employees), before a final paycheck and any other required payments can be processed.

REQUIRED SIGN-OFFS:

Keys returned: _____
Facilities Services – Whipp Maintenance Bldg.

Keycard-staff ID card returned: _____
MountaineerCard Office – 106A College Center

All books returned/fees paid: _____
Savage Library

Outstanding travel advances cleared: _____
& travel credit card returned: Accounting – 235 Ute Hall

Returned procurement credit card: _____
Purchasing - 233 Ute Hall

Email account closed / LD closed: _____
Computer Services - 105 Taylor Hall

Returned all institutional property, advisee folders, and provided copies of grade books: _____
Department Chair, Director or Supervisor

Grades in and incomplete forms addressed: _____
(faculty only) Registrar – 120 Ute Hall

Account balance equal to zero: _____
Cashier - 118 Ute Hall

FORWARDING ADDRESS: Street: _____

_____

City/State/Zip: _____

Phone: _____

Email: _____

REASON:

- ☐ Voluntary resignation
- ☐ Retirement
- ☐ Contract ended
- ☐ Layoff
- ☐ For cause
- ☐ Temporary job ended
- ☐ Abandoned job
- ☐ At – Will
- ☐ Classified administrative

FINAL PAYCHECK:

➲ Do you want your final paycheck to be: ☐ **direct deposited** ☐ **by check**
If on direct deposit AND your last day is the last working day of the month, any vacation or other payouts owed will be paid by separate check mailed to the forwarding address above unless other arrangements are made. Direct deposits can only be made on last working day of the month.

➲ Do you want health/dental insurance premium(s) deducted from your final paycheck?
☐ ***YES****, I want insurance premiums deducted from my final paycheck; I understand that my insurance coverage will end on* _____.
☐ ***NO****, I do not want insurance premiums deducted from my last paycheck; I understand that my insurance coverage will end on* _____ *(only available for exempt employees).*

Employee Signature _____ *Date* _____

_____ 20 _____ _____
Final date of employment Name

WSC ID #_____

*****Checklist for Human Resources use only*****

_____ Written resignation received

_____ Email notification to departments

_____ Final evaluation received

_____ Final evaluation received for subordinates

_____ Final timesheet/absence report received

_____ Life insurance portability/convertibility notice (with application for exempt)

_____ *Admin/Faculty:* faxed termination to Anthem BCBS ☐ Payflex ☐ Retirement
Classified: terminated benefits in BenefitSolver

_____ COBRA notice with enrollment form

_____ **(VPO)** Vacation payout: _____ hours

_____ **(HOL)** Holidays owed: _____ hours

_____ **(OT)** *Classified:* Overtime owed: _____ hours without shift differential

_____ **(SPO)** *Classified:* Sick leave conversion paid
at 4:1 for retirees or deceased: _____ hours

_____ **(SFA)** *Classified:* Shift A differential _____ hours

_____ **(SFB)** *Classified:* Shift B differential _____ hours

_____ **OTHER:** _____ _____ hours

_____ *Classified:* Final PACE score entered in CPPSweb

_____ *Classified:* PUF entered into CPPSweb

_____ *PERA-covered employees:* online termination completed
PERA-retirees: online HAS report completed

_____ *Admin/Faculty:* Notification sent to Board of Trustees

_____ Banner approval queues transferred

_____ Forwarding address entered in Banner

_____ Employee terminated in Banner and reason entered

_____ Criminal background check & administrative leave files moved into permanent employee file

_____ Employee file complete; moved to inactive files