



## Employee Exit Clearance Checklist

*This form should be completed during normal working hours on your last working day.*

(Please Print)

**Employee Name:** \_\_\_\_\_

Department Name	Account #	Termination Date
_____	_____	_____

**Last Working Day:** \_\_\_\_\_

	Authorization Signature	Date
<i>Physical Plant (keys):</i>	_____	_____
<i>VP Finance (Inventory):</i>	_____	_____
<i>Office Manager (Cell Phone):</i>	_____	_____
<i>Payroll (sick leave, vacation reports):</i>	_____	_____
<i>Institutional Resources (Computer Access):</i>	_____	_____
<i>Business Office (Fines):</i>	_____	_____
<i>Benefits:</i>	_____	_____
<i>Employing Department:</i>	_____	_____
<i>Library ID:</i>	_____	_____

### Retirement Program:

**Optional Retirement Program (ORP)**

I am requesting TSC to submit Termination/Vesting Letter to Carrier on file.

I am requesting TSC **NOT** to submit Termination/Vesting letter to Carrier until I notify the TSC District Office (in writing) to do so.

**Teacher Retirement System (TRS)**

I am requesting TSC to submit Request for Refunds to TRS. Request for Refund form has been completed.

I am **NOT** requesting a Request for Refund from TRS.