

EMPLOYEE SEPARATION CLEARANCE CHECKLIST

Employee Name	Campus ID #
Home Department	Supervisor's Name
Note: Individuals working for more than one department at the time of separation should complete one checklist for each reporting area.	

HAVE YOU returned to your Supervisor or Department Rep:		Employee Initials & Date		Authorized Rep Initials & Date	
A completed Asset Tracking Form ?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
All keys?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
Computer/Information Technology equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
All information needed to access your computing (or other information system) accounts and/or equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
Telecommunications Equipment (phone cards, air cards, etc.)?	<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/ Other Equipment & Materials?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
Timesheets & Leave Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
Purchase Card, Travel Expense Receipts & Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
Provided proxy access to your email and calendar (GoogleApps) account to your manager or designated personnel? See instructions .	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
HAVE YOU ALSO...					
Given your Forwarding Address to your HR/Payroll Rep so further correspondence can be mailed if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
If engaged in research as part of your job, contacted Research Administration to review research agreements , 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 controlled materials such as chemicals, lasers, radiation, biohazards, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
Contacted Benefits? If not, call them at 919-515-2151.	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
Scheduled an exit interview – 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 Shared Leave Program ?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
Downloaded and saved on appropriate university resources all university data from your personally-owned computers/devices (e.g. laptop, tablet, smartphone) or computing accounts and granted access to your department?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
Removed any university-owned software from your personally-owned computers or devices?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
Provided voice mail access codes to your manager/supervisor upon notification of separation?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
If you are retiring, do you want to retain your email account? If so, please contact your department to submit a no-pay personnel action on your behalf.	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				

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Employee Name	Campus ID #
Home Department	Supervisor's Name

SUPERVISOR and/or HR / PAYROLL REP:

HAVE YOU:		Authorized Rep Initials & Date
Collected from the individual all assets listed on the Asset Tracking Form ?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Reviewed the System Access Checklist ?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Terminated the individual's signature authority on bank accounts (such as Foundation accounts)? Deactivated the individual's Purchase Card & cellular plans?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Contacted Security Applications & Technologies (919-513-3111) to notify of the individual's departure?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Accounted for wage-in-kind adjustments?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Contacted Office of General Counsel (919-515-3071) if the separating employee is involved in a Litigation Hold to arrange a successor custodian of records?	<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 or 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? Update org chart and other references?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Set up an Exit Interview for the individual: --- If SPA or EPA non-faculty, contact HR Employee Relations at 515-6575? --- If faculty, contact Office for Institutional Equity and Diversity (OIED) at 515-3148?	<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	
Notified/Involved the appropriate IT staff to review the individual's current access to all systems (e.g., MySoft, Proteus, Facilities, HR, Financials, SIS, etc.) and submitted a revoke/termination access request (Security Access Request-SAR)?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Retained the individual's student access (e.g., student email account, Moodle, etc.), if applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Verified proxy access to the departing individual's email account(s) and created appropriate reply-back messages and forwarding rules?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Ensured any files on local or network drives that the individual administers or can access are also accessible to department personnel? Verified appropriate public record copies of the files exist?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Obtained, upon notification of separation, encryption keys and associated passwords for computer devices?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Suspended/removed access to department-owned systems or any shared accounts and changed passwords accordingly?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Documented, re-assigned and terminated, if appropriate: --- Any external accounts used for university business by the individual? --- Individual's administration of departmental email lists, groups, generic accounts, items in web registry or use of individual email aliases as departmental aliases? --- Any resources (e.g., conference rooms, projectors, etc.) Changed associated passwords?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Assisted individual with the downloading and saving of all university data from personally-owned computers/devices (e.g. laptop, tablet, smartphone) or accounts onto appropriate university resources? Removed university-owned software?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	

DEPARTMENT HEAD / DIRECTOR or DESIGNEE:

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

Dept Head/ Director or Designee SIGNATURE	Dept Head/Director or Designee 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

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