



UNIVERSITY OF ARKANSAS  
FOR MEDICAL SCIENCES

## EMPLOYEE SEPARATION / CLEARANCE FORM

EMPLOYEE NAME	SAP NUMBER
MAILING FOR FINAL CHECK (final check & terminal vacation checks will be mailed)	MAILING FOR W-2
LAST DAY (Last day is the last day to be a UAMS employee. If employee has been on LWOP enter the date that leave ends, not the last day actually worked or paid)	PREPARED BY <span style="float: right;">PHONE NO.</span>

**I. SEPARATION CLEARANCE PROCEDURES:**

Employee must visit each listed department. The Office of Human Resources will be the last stop. If employee is unavailable, department must clear all items.

DEPARTMENT	LOCATION	ITEMS	INITIALS	DATE
Employee's Department		Property		
Nurse Recruitment	Central Hospital Building 7D01, 7th Flr	(RNs/LPNs Only) (RNs/LPNs Only Complete Exit Survey)		
Campus Police/Parking Operations*	Parking Operations	ID Badge Parking		
Library*	Ed II Circulation	Books, Materials		
Physical Plant (Open: 7:30-9a, 11:30-12:30 p, 3-4p)	Hospital, Ground Floor	Keys		
Credit Union*	Hospital, Ground Floor	Loans, Savings		
Medical Records	Hospital, Ground Floor	(Medical Staff Only)		
HIPAA Compliance	<a href="http://hipaa.uams.edu/EmployeeCheckout/employee_checkout_form.html">http://hipaa.uams.edu/EmployeeCheckout/employee_checkout_form.html</a>			**
Human Resources (Final Stop)	Central Hosp 4th Floor C Wing	Benefits		

**\*Not Required for Departmental Transfers.**

**II. REASON FOR SEPARATION:**

TERM Code: See Termination Code List

Resignation \_\_\_\_\_ (Attach letter/notice)  
 Retirement \_\_\_\_\_  
 Termination \_\_\_\_\_  
 Transfer to (agency/institution name): \_\_\_\_\_  
 Transfer to (UAMS Department name): \_\_\_\_\_  
 Other: please explain: \_\_\_\_\_

**III. TERMINAL LEAVE DISPOSITION:**

Payment:	Transfer to Agency/Inst.
_____ Hours Vacation	_____ Hours Vacation
_____ Hours Holiday	_____ Hours Holiday
_____ Hours Comp. Time	_____ Hours Sick

**IV. SUPERVISOR'S EVALUATIVE COMMENTS:**

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LATEST PERFORMANCE EVALUATION: Date: \_\_\_\_\_ Score: \_\_\_\_\_ of \_\_\_\_\_

V. RECOMMENDATION FOR REHIRE WITHIN THIS DEPARTMENT: \_\_\_\_\_ YES \_\_\_\_\_ NO

**VI. SIGNATURE**

\_\_\_\_\_ (DEPARTMENT HEAD) \_\_\_\_\_ (DATE)

\*\*Employees should clear the HIPAA Compliance office online at the website above.

Notification will be sent to payroll for processing of final terminal vacation pay once this form is completed and submitted to HR.

Terminal vacation checks, once approved, will be mailed on the pay cycle after the final regular paycheck is processed.

<p><b>Incomplete Form:</b> The person submitting this form has been advised that if this form is incomplete, the form cannot be processed and terminal vacation will not be paid to the employee until this form has been completed.</p>
<p>Signature of person submitting the form to HR</p>