



EXIT CLEARANCE FORM

Authorized signatures must be completed for all applicable items below. This form must be submitted to Human Resources no later than your final day of employment. Please fax to 972-985-3778 and put the originals in interoffice mail to HR/CHEC.

NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

(NOTE: If this is a new address, please complete a Change of Address form)

HOME PHONE NUMBER _____ LAST DAY OF EMPLOYMENT: _____

Items to be Returned/Cleared	Department to See to Clear Items	Department Sign/Date (or list n/a if not applicable)
Build/office keys	Supervisor	
Tools/Equip./Uniforms	Supervisor	
Laptop/PDA/Pager	Supervisor	
Employee ID Card	Supervisor	
Relocation Reimb/Sabbatical	Human Resources Dept.	
Phone Card	Telecommunications	
Cell Phone	Purchasing	
American Express	Business Office	
Library Cards/Fines	Library	
Current Leave Form/Copy of Time Sheet	Supervisor	
Transfer On-Line files to Supervisor/ Close Webpage/Provide performance evaluation/documentation for direct reports	Supervisor	

Exiting Employee Signature: _____ Date: _____

By signing, I acknowledge I have reviewed the Collin College Important Exit Information.

TO BE COMPLETED BY THE HUMAN RESOURCES OFFICE

_____ CCCCD Benefits End Date	_____ CCCCD Deductions End Date
_____ TRS Form Provided	_____ ORP Company Notified
_____ Online Exit Survey Completed	_____ Copy of time sheet/leave forms received

Continuing PT with Collin College _____ Yes _____ No (if yes, PERC form must be completed)

HR Consultant Signature: _____ Date: _____