



Employee Exit Checklist

Name	Pers No
Position	Date of Separation
Department	Supervisor
Mailing Address	

Is employee transferring to another University department? Yes No
 Is employee transferring to another state agency, junior college, or University? Yes No

If so, when: _____ and which agency _____

The University of Mississippi has the authority to deduct from an employee's final check any unpaid amounts for property which was not returned, any overpayment of wages, and any other unpaid debts to the University.

EMPLOYEE: Please return the following items to your Department Head or his/her designee:

Item	Date Returned	Applicable UM Property Number
Parking Hangtag (Dept: Return to Parking & Transportation)		
Building/Office/Vehicle Keys /cards (Dept: Return keys to PPD)		
University ID		
Departmental/Office Equipment on Loan (attach list)		
Cards: Procurement, American Express, and Gas		
Uniforms		
Books/Materials (attach list)		
Other UM property (attach list)		

SUPERVISOR: Please indicate whether the appropriate action has been taken (attach supporting documents):

	YES	N/A	Comment
Cancelled:			
SAP access (sap@olemiss.edu)	<input type="checkbox"/>	<input type="checkbox"/>	_____
E-forms access (rbjohnso@olemiss.edu)	<input type="checkbox"/>	<input type="checkbox"/>	_____
PeopleAdmin /jobs.olemiss.edu/hr access (hr@olemiss.edu)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Home Internet Access Provided _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Departmental Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	_____
Departmental Long Distance Card (telcom@olemiss.edu)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal Long Distance Card (telcom@olemiss.edu)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Access swipe card (idcentersupport@olemiss.edu)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contacted:			
Accounting Office to change Signatory Authority	<input type="checkbox"/>	<input type="checkbox"/>	_____
OSRP and Division Head, if employee is a PI/PD	<input type="checkbox"/>	<input type="checkbox"/>	_____
Changed:			
Passwords (on servers and computers)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Property Officer (if Dept Head, audit must be performed)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Petty Cash Responsibility Transferred and Cash Audited	<input type="checkbox"/>	<input type="checkbox"/>	_____
Completed:			
Eform 3 for separation	<input type="checkbox"/>	<input type="checkbox"/>	N/A for "Transfer" only _____

Return a copy of this form and the Employee's University ID to Human Resources.

Employee Signature: _____ Date: _____
 Department Head Signature: _____ Date: _____