



Student Employee Exit Checklist

Employee Name: _____ SAP : _____

Employee Job Title: _____ Date of Termination: _____

Department: _____ Supervisor: _____

Forwarding Mailing Address: (for W2 purposes and/or final check)

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
Building/Office/Vehicle Keys and Cards (return to PPD)		
Departmental/Office Equipment on Loan (attach list)		
Other UM property (attach list)		

Supervisor: Please indicate whether the appropriate action has been taken
 (supporting documentation should be attached):

	Yes	No	N/A	Comments
Cancellation of Information Systems access:				
E-Forms (email hr@olemiss.edu)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
PeopleAdmin (email hr@olemiss.edu)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Calendar (email helpdesk@olemiss.edu)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Changed passwords on servers and computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Canceled Departmental Long Distance Code (email telecom@olemiss.edu)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Confirmed Forward Mailing Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Completed E-Form 3 for Official Termination (stipend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Completed E-Form 18 for Official Termination (hourly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

****Please return a copy of this form to Human Resources.**

Employee Signature: _____ Date: _____

Department Head Signature: _____ Date: _____