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:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Date Returned</th>
<th>Applicable UM Property Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building/Office/Vehicle Keys and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cards (return to PPD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Departmental/Office Equipment on Loan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(attach list)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other UM property (attach list)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Cancellation of Information Systems access:
  - E-Forms (email hr@olemiss.edu)  □ □ □                     Comments ____________________________
  - PeopleAdmin (email hr@olemiss.edu)  □ □ □                     ____________________________
  - Calendar (email helpdesk@olemiss.edu)  □ □ □                     ____________________________
  - Other: ____________________________  □ □ □                     ____________________________

- Changed passwords on servers and computers  □ □ □  ____________________________

- Canceled Departmental Long Distance Code
  (email telecom@olemiss.edu)  □ □ □  ____________________________

- Confirmed Forward Mailing Address  □ □ □  ____________________________

- Completed E-Form 3 for Official Termination (stipend)  □ □ □  ____________________________

- Completed E-Form 18 for Official Termination (hourly)  □ □ □  ____________________________

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

Employee Signature: _______________________________  Date: _______________
Department Head Signature: _______________________________  Date: _______________