

SOUTHEASTERN LOUISIANA UNIVERSITY EXIT CHECKOUT FORM

Name: _____ W# _____

Forwarding Address: _____

City, State, Zip: _____
(Note: this is where W-2 will be mailed)

Final Date of Employment _____

The following checklist must be completed prior to your leaving the University. **Please have your Department Head certify that you are clear with the department by signing Section 1. Turn your keys in at the Physical Plant and have a representative of Physical Plant sign Section 2. Personally bring this form to the Human Resources Office to complete the checkout.** The Controller's office will be authorized to make final payment of salary when notified by the Human Resources Office that all items have been checked and cleared. Final checks will be held in the Human Resources Office until checkout is completed.

1. Department of _____

- _____ Locker keys returned
- _____ Fuelman card returned
- _____ Uniforms returned

- _____ Office/desk inventory checked
- _____ TimeCentre documentation and certification
- _____ Copy card returned
- _____ All directories and files cleared from office computer
- _____ Filing cabinet and/or desk keys returned
- _____ Personal property removed from office
- _____ Non-office workspace (lab, workroom, etc.) is clean and in order
- _____ Procedure & software manuals, etc returned
- _____ Removed from departmental mail boxes
- _____ Removed from departmental telephone directory
- _____ Departmental post office keys returned

- _____ Tests in order
- _____ Desk copies of text returned
- _____ Grades submitted to Records & Registration and/or Dept Head
- _____ Explanation of how final grade was derived submitted to Dept Head
- _____ Attendance records submitted to Department Head
- _____ Arrangements made for students with incomplete grades
- _____ Final report/paperwork submitted to Office of Sponsored Research if grant PI
- _____ Other: _____

Authorized Department Signature: _____ Date _____

2. Keys issued: _____ Yes _____ No Date _____

Building/Office keys returned: key(s)# _____

Authorized Residential Housing Office Signature: _____