

DEPARTMENTAL SEPARATION CHECKLIST

Employee Name	Employee ID
Department	Blazer ID

Has the department:		Authorized Rep Initials	Date
Advised the employee to complete an Exit Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Advised the employee to contact the Benefits Office (934-3458) regarding retirement, insurance, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Collected from the employee all UAB property in their possession (ID badge, keys, computer/IT equipment, phone/pager, and any other UAB property)	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Advised the employee to return their parking permit to Transportation Services. Contact information- 934-3513 or http://www.uab.edu/parking/	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Advised the employee to contact HR Records (934-4408) to provide forwarding address	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Advised the employee to communicate and work with their supervisor/chair to ensure the work assignments are managed properly prior to their departure	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Advised the employee to forward any incoming phones messages to the appropriate department representative	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Advised the employee to place an "Out of Office" response on the UAB email account and provide appropriate departmental contact information if necessary	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Advised the employee to contact Occupational Health & Safety regarding the handling of controlled materials such as chemicals, lasers, radiation, biohazards	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Advised the employee to contact the Research Foundation to review research agreements, patents, intellectual property agreements, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Collected any requests for benefit time for reporting in eLAS	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Collected any travel expense receipts and/or reports, and cancelled any travel scheduled but not yet incurred	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Terminated the employee's access rights to all UAB Systems	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Contacted Physical Security to deactivate card key access	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Terminated the employee's signature authority	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Submitted an ACT document, including all appropriate documentation	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Verified that all payroll transactions have cleared	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		

The signature below certifies that all separation requirements for this employee have been satisfied.

Authorized Representative Signature	Authorized Representative Name, Printed	Date

A copy of this completed form should be submitted for the employee's personnel file in HR Records, AB 254