

EMPLOYEE SEPARATION CHECKLIST

Employee Name	Employee ID
Department	Blazer ID

Has completed the following separation tasks:		Employee Initials	Date
Completed the online Exit Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Contacted the Benefits Office (934-3458) regarding Teacher's Retirement, insurance, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Returned your ID badge to your department	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Returned all UAB property (keys, computer/IT equipment , phone/pager, any other UAB property) to your department	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Returned your parking permit (contact Transportation Services at 934-3513 or http://www.uab.edu/parking/)	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Confirmed that HR Records (934-4408) has your forwarding address on file	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Communicated and worked with your Supervisor/Chair to ensure your work assignments are managed properly prior to and upon your departure	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Forwarded any incoming phones messages to the appropriate department representative	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Placed an "Out of Office" response on your UAB email account containing contact information for your department	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Contacted Occupational Health & Safety regarding the handling of controlled materials such chemicals, lasers, radiation, biohazards	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Contacted the Research Foundation to review research agreements, patents, intellectual property agreements, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Submitted any requests for benefit time for reporting in eLAS	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Submitted travel expense receipts and/or reports	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		

My signature below certifies that all separation requirements have been satisfied.

Employee Signature	Employee Name, Printed	Date

A copy of this completed form should be submitted to the supervisor for the employee's personnel file.

HR Departmental Separation Checklist: 6/18/2012