

# Employee Separation Checklist

Campus staff are encouraged to use the [Offboarding Checklist & Exit Survey](#) module. This document may be used for reference.

EMPLOYEE NAME	EMPLOYEE ID
DEPARTMENT	BLAZER ID

HAVE YOU COMPLETED THE FOLLOWING SEPARATION TASKS...	EMPLOYEE	
	INITIALS	DATE
Completed the online <a href="#">Employment Experience Survey</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reviewed the <a href="#">Notice of Availability of Unemployment Compensation</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contacted the Benefits Office (205-934-3458) regarding Teacher's Retirement, insurance, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Returned your employee 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 to Transportation Services (205-934-3513 or <a href="http://uab.edu/transportation">uab.edu/transportation</a> )	<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.**