Departmental Separation Checklist

Employee Name	Employee ID
DEPARTMENT	BLAZER ID

IAS THE DEPARTMENT		AUTHORIZED REP	
		INITIALS	DATE
Advised employee to complete the online Employment Experience Survey	□Yes □No		
Advised employee to review Notice of Availability of Unemployment Compensation	□Yes □No		
Advised employee to contact the Benefits Office (205-934-3458) regarding retirement, insurance, etc.	□Yes □No		
Collected from the employee all UAB property in their possession (ID badge, keys, computer/IT equipment, phone/pager, and any other UAB property)	□Yes □Not applicable		
Advised the employee to return their parking permit to Transportation Services (205-934-3513 or uab.edu/transportation)	□Yes □Not applicable		
Advised employee to contact HR Records (205-934-4408) to provide forwarding address	□Yes □Not applicable		
Advised employee to communicate and work with their supervisor/chair to ensure the work assignments are managed properly prior to their departure	□Yes □Not applicable		
Advised employee to forward any incoming phones messages to the appropriate department representative	□Yes □Not applicable		
Advised employee to place an "Out of Office" response on the UAB email account and provide appropriate departmental contact information if necessary	□Yes □Not applicable		
Advised employee to contact Occupational Health & Safety regarding the handling of controlled materials such as chemicals, lasers, radiation, biohazards	□Yes □Not applicable		
Advised employee to contact the Research Foundation to review research agreements, patents, intellectual property agreements, etc.	□Yes □Not applicable		
Collected any requests for benefit time for reporting in eLAS	☐Yes ☐Not applicable		
Collected any travel expense receipts and/or reports, and canceled any travel scheduled but not yet incurred	□Yes □Not applicable		
Terminated employee's access rights to all UAB Systems	□Yes □Not applicable		
Contacted Physical Security to deactivate card key access	☐ Yes ☐ Not applicable		
Terminated employee's signature authority	☐ Yes ☐ Not applicable		
Submitted an ACT document, including all appropriate documentation	☐ Yes ☐ Not applicable		
Verified that all payroll transactions have cleared	☐Yes ☐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.