# SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
## DEPARTING EMPLOYEE CHECKLIST

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

The purpose of this form is to assist departments, employees, and the Office of Human Resources (HR) complete the termination process. It must be submitted to HR prior to employee's last day of work.

**Departments:** After this form is completed by the employee and the department, fax it to HR Benefits at x2646.

| Employee's Last Name: | First Name: |
|---|---|
| **Banner ID:** | **Employee's last working date:** |
| **Termination Date:** | **Department:** |

**Job Classification:** ☐ Faculty  ☐ A/P Staff  ☐ Civil Service
**Supervisor Name/Phone #:**

**Employee is:** ☐ Retiring  ☐ Resigning  ☐ Transferring to another State of Illinois org.
☐ Other:

| | **Employee Duties** | | | **Department Duties** |
|---|---|---|---|---|
| ☐ | Submit resignation to Dept. Supervisor as soon as possible | | ☐ | Collect all University property (keys/access card, p-card, office equipment, uniforms, laptop, etc.) |
| ☐ | If retiring, submit paperwork to SURS 90 days in advance | | ☐ | Contact Facilities to remove bldg. access |
| ☐ | Update W-4 Info for final W-2 mailing | | ☐ | Audit final Salary Timecard/pay |
| ☐ | Update contact information in Cougar Net | | ☐ | Update Vacation/Sick Leave Taken fields in Banner on PEALEAV |
| ☐ | Return all University property (keys/access card, p-card, office equipment, uniforms, laptop, etc.) | | ☐ | Submit Vacation/Sick Leave Reporting form to Benefits Dept. immediately upon termination date. |
| ☐ | Clean out desk/locker before termination date | | ☐ | Submit Employee Termination form at least 7 days before last day of employment for all |
| ☐ | Submit any outstanding Flex Spending (MCAP and/or DCAP) claims | | ☐ | If employee was responsible for any of the following duties, please submit the applicable authorization/removal form: |
| ☐ | Pay any outstanding amounts owed to SIUE (parking/library fines) | | | • Dept. Time Entry   • Vacation/Sick Admin.<br>• Dept. Time Approver   • Employee View Access<br>• SARF (submit to ITS) |
| | | | ☐ | Contact Telecomm at X3373 to deactivate employee's phone access code. |

Supervisor/Dept. Head Signature_____  Date: _____

Employee Signature:_____  Date: _____

HR Signature:_____  Date: _____