



UWP Employee Separation Checklist

Employee Information			
Employee Name		Supervisor/ Chair Name	
Employee's Phone Number/Extension		Supervisor's/Chair's Phone Number/Extension	
Employee's UW-System Title		Employee's Working Title	
Employee's Department/Unit		Employee's Office Number	

Separation Information			
<input type="checkbox"/> Resignation	<input type="checkbox"/> Retirement	<input type="checkbox"/> End of Appointment	<input type="checkbox"/> Non-Renewal/Dismissal
<input type="checkbox"/> Layoff	<input type="checkbox"/> Transfer	<input type="checkbox"/> Other _____	
Last Day Worked:		Last Day on Payroll:	

Human Resource Notification	Date Received	Signature
<input type="checkbox"/> HR sent a copy of Separation Letter		
<input type="checkbox"/> Notice of Committee Appointments Vacated		
<input type="checkbox"/> Benefits Appointment Confirmed		
<input type="checkbox"/> Final Time Sheet/Leave Statement Submitted		
<input type="checkbox"/> Received Separation Confirmation from HR		
<input type="checkbox"/> Personnel Action Form		

Access Discontinued	Date Received	Signature
<input type="checkbox"/> Employee Information Card Submitted		
<input type="checkbox"/> Copier Code		
<input type="checkbox"/> Other accesses (other internal or external accesses to be discontinued)		

Faculty	Date Received	Signature
<input type="checkbox"/> Grades Submitted to Registrar		
<input type="checkbox"/> Student Work/Assignments Returned		
<input type="checkbox"/> Grants Equipment Transferred		
<input type="checkbox"/> Final Technical Reports Submitted		

Exit Interview	Date Received	Signature
<input type="checkbox"/> Exit Interview with Supervisor/Chair Completed		
<input type="checkbox"/> Exit Interview with other (optional): _____		

Property Disposition (as applicable)	Date received	Signature
<input type="checkbox"/> Keys		
<input type="checkbox"/> Desktop/Laptop (Surplus)		
<input type="checkbox"/> Passport ID Card		
<input type="checkbox"/> Cell Phone		
<input type="checkbox"/> Pager		
<input type="checkbox"/> Calling Card		
<input type="checkbox"/> Media Service Equipment		
<input type="checkbox"/> Computer Disks		
<input type="checkbox"/> Files		
<input type="checkbox"/> Manuals		
<input type="checkbox"/> Library Property		
<input type="checkbox"/> Uniform(s)		
<input type="checkbox"/> Office Equipment		

Financials (as applicable)	Date received	Signature
<input type="checkbox"/> Purchase Card		
<input type="checkbox"/> Sales an Use Tax Exemption Card		
<input type="checkbox"/> Corporate Credit Card		
<input type="checkbox"/> Passport ID/Meal Account (for refunds)		
<input type="checkbox"/> Fines		

Supervisor/Chair Signature: _____ Date: _____

Return Completed Checklist by the deadline of one week after the employee's last working day to Human Resources.