

EMPLOYEE EXIT CHECKLIST
University of Nebraska Medical Center

When an employee separates from employment at the University of Nebraska Medical center, it is important to ensure an orderly transition, which includes the protection of the organization's assets.

The employing department is responsible for the separation process for its employees, including the return of all UNMC property such as company-supplied uniforms and equipment, including but not limited to, cell phones, pagers, computers, ID badges, books, and company credit cards. Departments are also responsible for updating information in SAP, for controlling access to computer systems (including, but not limited to, data systems, e-mail, phone/audix), and for controlling access to buildings. Departments may also be required to report separations to Sponsored Programs Administration and to the Office of Regulatory Affairs, when separating employees are attached to grants and contracts.

The following form has been developed to help UNMC management complete all necessary separation actions. The form is a template and may be modified by management. It is intended for use as a guideline. Its use is not required.

EMPLOYEE EXIT CHECKLIST

To be Completed by the Employee with the Department Administrator or Supervisor

This form is recommended for: Faculty and Residents
 Managerial/Professional Employees
 Office/Service Employees and Student Workers

Employee Name: _____ Personnel No. _____

Effective Date _____ Title _____

- Obtain letter of Resignation _____ Leaving UNMC _____ Transfer To: _____
- Reason for leaving _____
- Forwarding Address _____
- New Phone Number _____

Payroll/Benefit

- Will the bank account be available for the last automatic payroll deposit? YES NO If no, provide other arrangements
- Call UNMC HR-Benefits at 402-559-5911 for UNMC benefits information
- Call UMA-Benefits at 402-559-9792 for UMA benefits information
- Schedule departmental/unit exit interview(s) if desired _____Chair _____Section Chief
 _____Administrator _____Human Resources

It is the responsibility of the Department/Unit administrator to see that the following are completed:

Return of UNMC/Department Property:

- Corporate Credit Card (P-Card) (Return to _____) Department to notify Purchasing at 402-559-5400
- AT&T Calling Card (Return to _____)
- Pager (Return to _____)
- Cellular Phone (Return to _____) Remember to cancel Blanket PO
- Parking (Remove sticker from vehicle) Check if there is a refund
- Computer Equipment (Return to _____)
- Books (Return to department)
- Manuals (Return to department)
- Tapes (Return to department)
- Keys (Return to Campus Security)
- Other _____

Removal of Security, ID's and Passwords

- ID Card (Return to _____)
- ID Card--Building Access (Notify _____ to discontinue building access)
- Delete SAP user ID Contact SAP security at 402-559-5880
- Delete System IDS (email etc) Call ITS help desk at 402-559-7700 to coordinate
- Return SecureID Card Coordinate return or reassignment of card with ITS at zip 5030 or call 559-7700
- Email--Ensure a plan is in place for email information
- Data files--Ensure a plan is in place for data files
- Workstation--Reset password
- Voice Mail--Reset password/change name for access to voice mail
- Telephone-- Change caller ID Name

Grant Administration

- If employee has active compliance protocols for Human Subjects Vertebrate Animals Biosafety Contact Office of Regulatory Affairs (559-6463)
- If employee has active sponsored projects (e.g. grants or contracts) Contact Sponsored Programs Administrations (559-7456)
- Will sponsored projects be transferred to Another UNMC investigator or another institution
- Contact Sponsored Programs Administrations (559-7456)

Office of Regulatory Affairs
 The Human Subjects informed consent documents are affected by changes in principal investigators. When an investigator who has compliance protocols leaves UNMC, the open protocols are to be terminated or transferred to another investigator

Sponsored Programs Administration
 Contract clauses and sponsor terms and conditions require that a change of PI be reported and approved. Transferring a grant to another institution requires UNMC to relinquish the grant and the funding sponsor to approve the transfer

I certify that I have no unpaid University bills, have returned all UNMC property and have removed the campus parking permit from my vehicle(s).

 Employee Signature

 Date

PLEASE RETURN COMPLETED FORM TO _____

TO BE COMPLETED BY DEPARTMENTAL ADMINISTRATION OFFICE:

Personnel Action Form (Separation or Org Unit Change) ___ Hourly ___ Monthly ___ Faculty ___ Other
Hire Date: _____
Last day of work: _____
Last day of Pay: _____

The following require the leave payout form (in SLUGO), which must be mailed to Payroll (zip 5000)

The form, with proper signatures, may also be faxed to payroll at 402/559-5871

Hours to be paid out

_____ Vacation
_____ Floating/Banked holiday
_____ 25% of Sick Leave hours for Office /Service if retiring

- Personnel Change Form (change address)
- Send copy of resignation letter to Dean's Business Office (faculty only)
- Notify Medical Staff office of change in status (faculty only)
- Notify UMA Payroll (Faculty Only)
- Send form to mail services with campus address change information
- Delete department mail box
- Send out notification of department to department sections

Will the section be providing a farewell/retirement tea? ___ Yes ___ No

Please contact Employee Relations with questions regarding this form.
Call 402/559-5827 during normal business hours, Monday - Friday