

Manager's Checklist for Employee Exit/Separation

(Managers/supervisors are responsible for the completion of this form.)

EMPLOYEE INFORMATION

Name: _____

Effective Date: _____

Position: _____

Manager: _____

ID Number: _____

Transfer to: _____

EMPLOYEE PERSONAL INFORMATION

1. Obtain Letter of Resignation/Retirement Letter or e-mail **(required)**.
2. Forwarding email address **(required)**:
3. Forwarding address **(required)**:
4. Phone number **(required)**:

PAYROLL/BENEFITS

1. Bank account available for last automatic payroll deposit? ____ Yes ____ No (If no, please provide other payment arrangement information.) For questions, please contact Payroll at unmcpayroll@unmc.edu
2. UNMC - Benefits - Valid until end of month. Employee may contact 402-559-4340 or unmcbenefits@unmc.edu for questions.
3. Nebraska Medicine – Benefits 402-559-9792
4. Schedule departmental/unit exit interview if desired with ____ Chair ____ Administrator/Manager (Human Resources exit interview not required.)

RETURN OF UNMC PROPERTY

- | | |
|---------------------------------|---|
| ____ UNMC credit card (P-card)* | ____ Books/Manuals |
| ____ Cell Phone* | ____ Parking (required) to return sticker to Parking Services)** |
| ____ Pager* | ____ Keys (required) return to Campus Security Office) |
| ____ Computer Equipment* | ____ Other: |

*Notify Purchasing at 402-552-3340.

**Parking Services: Annex 10 / Business Services (4230 Bldg), Room 3037 Zip: 4290 Phone: 402-559-8580

Email: parking@unmc.edu

ID, SECURITY/ACCESS, DATA & PHONES

1. ID BADGE **(required to return ID Badge to ID Badge Office:**
Annex 10 / Business Services (4230 Bldg), Room 3037 Zip: 4290. Phone: 402-559-8414. Email: photoid@unmc.edu
2. COMPLETE SEPARATION PAF & SEPARATE EMPLOYEE IN SAP to REMOVE SYSTEM ACCESS
Notify PAF Coordinator (provide resignation/retirement letter and completed PAF)
Date separation entered in SAP:
3. BUSINESS CONTINUITY
 - a) **EMAIL** - Out of Office Message – include new department contact information.
Forward or save to share drive business/relevant emails. Access will not be provided automatically to the manager/supervisor upon separation.
 - b) **DATA FILES** - Forward or save files to accessible share drive.
 - c) **VOICE MAIL** - Out of office message: reset password; new contact info.

GRANT ADMINISTRATION

- ___ Active compliance protocols for Human Subjects, Vertebrate Animals, and Biosafety. Contact office of Regulatory Affairs (402-559-6463).
- ___ Active sponsored projects (e.g., grants or contracts). Contact Sponsored Programs Administration (402-559-7456).
- ___ Transfer of grant to another UNMC investigator or another institution: Contact Sponsored Programs Administration (402-559-7456).

TO BE COMPLETED BY DEPARTMENTAL ADMINISTRATION OFFICE

___ Personnel Action Form
(Separation or Org Unit Change)

☐ Hourly
☐ Salaried

☐ Faculty
☐ Other

Hire Date:

Last day of work:

Last day of Pay:

___ Personnel Change Form (change address).

___ Will the section be providing farewell/retirement tea?

___ Does the employee plan to provide consulting services to the University of Nebraska after separation date?

___ Yes, provide copy of Independent Contractor Check List.

___ No.