

## EMPLOYEE CHECKOUT INSTRUCTIONS

University policy requires an "Employment Checkout Form" be completed for each employee leaving the University.

Final pay checks for employees separating from service will be routed to the Department of Human Resources and released upon completion of the "Employment Checkout Form." All employees must complete all the steps in the checkout procedure before receiving their final paycheck.

1. Print the "Employment Checkout Form" from <http://www.ulm.edu/hr/forms.html> .
2. Obtain the Dean/Department Heads initials confirming all documents have been completed; and departmental equipment, materials, keys to department desks, files, etc. and supplies have been received.
3. Obtain a signed "Physical Plant Exit Form" from Physical Plant. This form must be signed by Physical Plant even if none of the items on the list were issued.
4. Obtain a signed "Purchasing Exit Form" from the Purchasing Department indicating the status on the employee's University Purchasing Card. This form must be signed by Purchasing even if a Purchasing Card was not issued.
5. Call Human Resources and make an appointment to complete checkout process.
6. The employee will complete the final checkout with the Human Resources Department and will be required to surrender the following:
  - a. Staff/Faculty Identification Card
  - b. ULM Parking Tag
  - c. Bank of America Corporate Travel Card (if issued)
  - d. "Key Return Form"
  - e. "Purchasing Exit Form"
  - f. Completed "ULM Computing Center Exit Interview Questionnaire"
  - g. Change of Address Form (if applicable) for proper mailing of W-2 documents
  - h. "Employment Checkout Form"
7. The Human Resources Department will contact the ULM Library to verify there are no outstanding books or fees due, the Controller's Office to verify there are no outstanding travel advances or Grants/Contracts and the University Police to verify all tickets and fees have been paid.
8. Final pay check will be released, by the Human Resources Department, upon submittal of all required forms.

## EMPLOYMENT CHECKOUT FORM

University policy requires that all employees separating from service complete the Employment Checkout Form, Computing Center Questionnaire, Purchasing Exit Form, Physical Plant Exit Form, and "Change of Address Form". Final pay checks are routed to the Department of Human Resources (NO DIRECT DEPOSIT) and will be released upon completion of the checkout process.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

**Department Head (please initial each item as completed):**

- \_\_\_\_\_ A payroll Action Form, letter of resignation, and time sheet (unclassified staff/faculty) have been submitted to the Department of Human Resources.
- \_\_\_\_\_ All keys to desk, files, etc. checked out to this employee have been accounted for.
- \_\_\_\_\_ All ULM property checked out to employee has been returned (for list of equipment contact Jean Parker at 5184).

**Purchasing Department:**

Signed "Purchasing Exit Form" completed by the Purchasing Department.

**Physical Plant:**

Signed "Physical Plant Exit Form" completed by Physical Plant. This form which is provided by Physical Plant will be required even if none of the items listed on the form were issued.

**Department of Human Resources:**

- \_\_\_\_\_ Payroll Action Form, letter of resignation (SF-14 for classified employees), and time sheet have been received in HR from Dean/Department Head
- \_\_\_\_\_ Received Staff/Faculty ID.
- \_\_\_\_\_ Received ULM Parking Tag and verified with University Police that fees and tickets have been paid.
- \_\_\_\_\_ Received Bank of America Corporate Card.
- \_\_\_\_\_ Cleared by the ULM Library.
- \_\_\_\_\_ Cleared by Grants and Contracts.
- \_\_\_\_\_ Cleared for Travel Advances.
- \_\_\_\_\_ "Key Return Form" has been completed by Physical Plant (receipt received).
- \_\_\_\_\_ "Purchasing Exit Form" has been completed by Purchasing Department (receipt received).
- \_\_\_\_\_ "Exit Interview Questionnaire" for the Computing Center has been completed (questionnaire received).
- \_\_\_\_\_ "Change of Address Form" has been completed (if applicable).
- \_\_\_\_\_ Insurance/Cobra Documents completed.
- \_\_\_\_\_ TRSL/LASERS Retirement Documents completed.
- \_\_\_\_\_ Cleared for Employee/Dependent Fee Waivers.
- \_\_\_\_\_ Checkout has been completed.
- \_\_\_\_\_ Employee is transferring to another State Agency (If yes e-mail notification to payroll representative)  Yes  No

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

# ULM COMPUTING CENTER EXIT INTERVIEW FORM

**PLEASE COMPLETE THE TOP SECTION REGARDLESS OF ACCOUNT STATUS**  
**DO NOT RETURN FORM TO COMPUTING CENTER – RETURN THIS FORM TO**  
**HUMAN RESOURCES – ADMINISTRATION 1-106**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

CWID#: \_\_\_\_\_ Employee Last Date: \_\_\_\_\_

Faculty     Staff

**Please check all computer systems for which you were assigned an account. Be sure to fill in your User Id or Account Name.**

User Id/Account Name

_____ <b>IBM</b>	
CICSPLUS/TSO	_____
ZCTL	_____
_____ <b>Moodle</b>	_____
_____ <b>E-Mail</b>	_____
_____ <b>Telephone</b>	_____

**For Computing Center Use Only**

CICSPLUS/TSO  
Removed by: \_\_\_\_\_  
Date: \_\_\_\_\_

System #  
Removed by: \_\_\_\_\_  
Date: \_\_\_\_\_

Moodle/E-Mail  
Removed by: \_\_\_\_\_  
Date: \_\_\_\_\_

## PURCHASING EXIT FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Employee ID# \_\_\_\_\_

\_\_\_\_\_ This employee did not receive a Purchasing Card.

\_\_\_\_\_ This employee did receive a Purchasing Card and **has returned** it to the Purchasing Department.

\_\_\_\_\_ This employee did receive a Purchasing Card and **has not returned** it to the Purchasing Department.

\_\_\_\_\_  
Purchasing Department Signature

\_\_\_\_\_  
Date



# University of Louisiana at Monroe

Department of Human Resources

700 University Avenue

Monroe, LA. 71209-2300

Phone: (318) 342-5140

Fax: (318) 342-5144

## NAME AND/OR ADDRESS CHANGE

**EMPLOYEE ID NUMBER:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**NAME CHANGE TO:** \_\_\_\_\_

**Note: To process a name change, the Human Resource office requires originals of the following information: Marriage License or Divorce decree and a Social Security Card. Required copies will be made and originals will be returned to the employee.**

**OLD ADDRESS:**

\_\_\_\_\_  
(Street Address or P.O. Box)

\_\_\_\_\_  
(City, State and Zip Code)

**NEW ADDRESS:**

\_\_\_\_\_  
(Street Address or P.O. Box)

\_\_\_\_\_  
(City, State and Zip Code)

**TELEPHONE NUMBER:** \_\_\_\_\_

(Include area code)

**EMAIL ADDRESS:** \_\_\_\_\_

**I authorize ULM to update and correct my name and address within the Office of Group Benefits, TRSL, LASERS, Starmount Dental and Starmount Vision**

**SIGNATURE:** \_\_\_\_\_

(REQUIRED)

**DATE:** \_\_\_\_\_

### PRIVACY REQUEST:

Please  do  do not release my home phone and /or address information.

### For Department of Human Resources use only

HRS \_\_\_\_\_

Insurance \_\_\_\_\_

ISIS \_\_\_\_\_

LASERS \_\_\_\_\_

TRSL \_\_\_\_\_

ORP \_\_\_\_\_