



## Employee Exit Checklist

Employee Name: \_\_\_\_\_ SAP #: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Forwarding Mailing Address: (for W2 purposes and/or final check)  
 \_\_\_\_\_

Is employee transferring to another university department?    \_\_\_\_ Yes    \_\_\_\_ No

Is employee transferring to another state agency, Junior College, or University? \_\_\_\_ Yes \_\_\_\_ No

If so, when \_\_\_\_\_ and which agency \_\_\_\_\_

The University of Mississippi has the authority to deduct from an employee's final check any unpaid amounts for property which was not returned, any overpayment of wages, and any other unpaid debts to the University.

**Employee: Please return the following items to your Department Head or his/her designee:**

Item	Date Returned	Applicable UM Property Number
Building/Office/Vehicle Keys and Cards (Return keys to PPD)		
Departmental/Office Equipment on Loan (attach list)		
Procurement Cards, American Express Cards, & Gas Cards		
Uniforms		
Books/Materials (attach list)		
Other UM property (attach list)		

**Supervisor: Please indicate whether the appropriate action has been taken**  
 (supporting documents should be attached):

	Yes	No	N/A	Comments
Cancellation of Information Systems access:				
SAP (email to SAP@olemiss.edu)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
E-Forms (email rbjohnso@olemiss.edu)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
PeopleAdmin (email hr@olemiss.edu)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Home Internet Access Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Calendar (email helpdesk@olemiss.edu)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Changed passwords on servers and computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Canceled Departmental/University Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Canceled Departmental Long Distance Code (email <a href="mailto:telcom@olemiss.edu">telcom@olemiss.edu</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Canceled Employee's Personal Long Distance Code if resigning from University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contacted Accounting Office to Change Signatory Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contacted ORSP and division head if employee is a PI/PD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Collected all applicable course work records if faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Changed Property Officer (if Department Head, property control audit must be performed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Confirmed Forward Mailing Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Completed E-Form 3 for Official Termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Collected University ID card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Petty Cash has been Audited by Internal Audit and Responsibility Transferred if Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**\*\*Please return a copy of this form and the Employee's University ID to Human Resources.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_