



Department Checklist For Terminating Employees

Form to be completed by department

Name: _____ Banner ID (A#): _____

Phone Number: _____ Department: _____

Forwarding
Email Address: _____ Job Title: _____

Forwarding/
Mailing Address: _____ Date of Separation _____

Please complete this form for employees that are terminating employment with the University. This ensures that the University has been returned and computer access has been disabled. Please complete the contact information, address, phone number and email of the employee in the above spaces. If the employee is moving from the area, please list their forwarding address

DEPARTMENT CHECKLIST

1. Immediate Supervisor/ Department Hody (OIT)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corporate/Procurement credit cards returned to Business Services <input type="checkbox"/> Employee ID card returned to department and shredded Is the employee sponsored by UAH for employment authorization (H1B, JWISA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, employee needs to call 824.6055 to schedule an appointment. Does this employee hold a security clearance with Research Security? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, employee needs to call 824.6444 or 824.6048 to schedule an appointment. Is the employee considered key personnel or Principal Investigator on a research contract, grant or award? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, employee needs to call 824.2647 or 824.2657. Is this employee responsible for a Lab, Studio, Shop or Stockroom? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, employee needs to call 824.2171 to schedule an appointment. Has the employee completed their final timesheet? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Department Staff Assistant	<input type="checkbox"/> Final ePAF prepared

Immediate Supervisor/
Department Head _____ Signature and Date _____

Department Staff Assistant _____ Signature and Date _____

Email the completed form to benefits@uah.edu. To support the limiting of in-person interactions, these employees do not need to go to each functional area in order to complete the check process. We will contact the appropriate functional areas by phone and/or email to obtain the necessary clearance. We will also contact the employee directly if there are any questions or concerns regarding their separation.

3. HR Benefits Office	<input type="checkbox"/> Employee exit report obtained (staff employees only) <input type="checkbox"/> Verification from Library <input type="checkbox"/> Verification from Research Security <input type="checkbox"/> Verification from OSP <input type="checkbox"/> Verification from EHS <input type="checkbox"/> Verification from Payroll Services <input type="checkbox"/> Bursar's Office <input type="checkbox"/> Released of final check authorized
-----------------------	---

HR Benefits Office: _____
Signature and Date _____