



WSSU

SEPARATION CLEARANCE CHECKLIST

Employee Name	65 BB9F ID
Home Department	

HAVE YOU reviewed & completed the <i>Asset Tracking Form</i> and returned to your Supervisor or Department Rep:	Employee Initials & Date	Authorized Rep Initials & Date
All Keys?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Campus ID Card?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Account Codes & Passes?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Computer/ Info Tech Equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Telecommunications Equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Visa Purchasing Card (P-Card)	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Vehicles / Transport Equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Parking Pass (to Transportation Dept)?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Library / Bookstore Materials?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Other Equipment & Materials?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Timesheets & Leave Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Travel Expense Receipts & Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Phone / Fax Or Other Usage Logs?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
HAVE YOU ALSO		
Given your Forwarding Address to your HR/Payroll Rep – so you will receive your annual W-2 income tax forms, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
If engaged in research as part of your job, contacted Research Administration to review research agreements, patents, intellectual property agreements, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	

If working in a lab environment, contacted Environmental Health & Safety regarding the handling of controlled materials such chemicals, lasers, radiation, biohazards?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Attended your exit interview – for info about benefits- continuation after separation (if applicable) and to offer confidential comments?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Do you want to donate your excess annual leave (beyond the max 240 hours payout) to a specific person currently on the Shared Leave Program?	<input type="checkbox"/> Yes (Contact HR for info) <input type="checkbox"/> No		

SEPARATION CLEARANCE CHECKLIST

Employee Name	BANNER ID
Home Department	

SUPERVISOR and/or HR / PAYROLL REP:

HAVE YOU:			Authorized Rep Initials & Date
Terminated the individual's long distance access codes?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable	
Terminated the individual's access rights to all WSSU Systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable	
Terminated the individual's signature authority on bank accounts (such as Foundation accounts)	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable	
Collected from the individual all assets listed on Asset Tracking Form?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable	
Wage-in-kind adjustments accounted for?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable	
Forwarded materials as appropriate to HR?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable	
Cancelled any training scheduled but not yet incurred?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable	
Cancelled any travel scheduled but not yet incurred?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable	
Submitted appropriate separation action(s) through HR System prior to the payroll cutoff deadline for the final pay date? (Activate Separation/Termination listserv alert, arranged exit interview for employee with HR, notified key stakeholders, employee completed checklist on page 1 of this document, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable	
Set up an Exit Interview for the individual with --- HR Employee Relations, if SPA or EPA non-faculty ---Office of Equal Opportunity if Faculty	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable	

Put a "tickler" on your calendar for **1 month** after the termination date to verify that all payroll transactions have cleared, and to terminate individual from the Leave System.

Yes

Not applicable

Department Head/ Director:

My signature certifies that all separation requirements for the individual have been satisfied.

Dept Head / Director Signature	Dept Head / Director Name, Printed	Date

A copy of this completed form should be submitted for the individual's permanent Personnel File

To: ~~Winston-Salem State University~~
~~Human Resources Department~~, Winston-Salem State University
~~1000 University Blvd~~

HR Use Only