Exiting Employee Checklist

Checklist is completed by the supervisor of the terminating employee.
Checklist is approved and signed by the department head.
Checklist is completed prior to the terminating employee's last day of work.
Send the completed signed checklist to your Human Resources Consultant.

Employee Name:

Department:

Position: Last Day of Work:

U Number:

Type of Termination
☐ Voluntary
    ☐ Employee provides resignation letter, send copy to the Human Resources Consultant
    ☐ Verbal resignation, supervisor should provide to employee confirmation of
    resignation in writing, send copy to Human Resources Consultant
☐ Involuntary

Department/SAP Info
☐ Determine effective date of resignation
☐ The Timekeeper will run time evaluation (SAP Transaction PT60) through the end of the
    month in which the employee is terminating. The vacation "Remaining Balance" in SAP
    transaction PT50 reflects the correct balance to be paid to the employee upon separation.
    The timekeeper will provide the balance information to the Payroll Coordinator.
☐ The Payroll Coordinator will complete the Termination Form on SAP and submit.
☐ Inform employee to contact Human Resources Consultant regarding Benefits status
☐ If employee is on H-1 Visa, notify HR and ISSO
☐ Departments will submit the vacancy for posting through Org. Management (OM) in
    Manager Self Service (MSS) on SAP

Access Information
Yes   N/A
☐   ☐   Disable email account
☐   ☐   Remove employee's name from:
        ☐ email group lists
        ☐ distribution lists
        ☐ internal/office phone list
        ☐ website
        ☐ building directory
☐   ☐   Close computer access
☐   ☐   Disable Access to SAP
         Change or transfer phone extension
☐   ☐   Change voicemail
☐   ☐   Deactivate long distance access code

Office Access

Yes   N/A

☐   ☐   Disable security codes if necessary
☐   ☐   Change office mailbox
☐   ☐   Clean work area and remove personal belongings

Collect the following Items by Last Day of Work:

Yes   N/A

☐   ☐   Keys (___office, ___building, ___desk, ___file cabinets, ___ other_____)
☐   ☐   BU Terrier ID Card
☐   ☐   SecurID
☐   ☐   Business cards
☐   ☐   Nameplate
☐   ☐   Name badge
☐   ☐   P-card
☐   ☐   Diner's Card
☐   ☐   Cell phone
☐   ☐   Beeper
☐   ☐   PDA
☐   ☐   Laptop
☐   ☐   Uniforms
☐   ☐   Tools
☐   ☐   Other _____
☐   ☐   Other _____
☐   ☐   Other _____

Form Completed by:_____   Date: _____

Approved by: _____   Date: _____
Department Head

11/2011