

Before the last day of work, please take the following steps:

- Complete the Departure Form on page 2 of this document and give to your supervisor/department chair.**
- Record your mailing address on page 2.
- Return your picture identification card to your supervisor/department chair.
- Return borrowed books or other library materials (i.e. periodicals, film, audiovisual equipment) to Collins Memorial Library.
- Return university keys and key cards to your supervisor/department chair or hand-deliver to Security Services.
- Return university P-cards to the Office of Finance, complete and submit approved expense reimbursement requests, prepare receipts for submission, and note approvals in the P-card system.
- Transfer any institutional memberships and subscriptions that are in your name.
- Clean out lockers reserved in the Fieldhouse or in Warner Gym and turn in university locks, towels, and your facilities use card to the Athletics Department.
- Contact Student Financial Services to make payment arrangements if you and/or other members of your family are registered for classes and receiving education benefits.
- Staff Only: Contact Human Resources at extension 3369 or hr@pugetsound.edu to schedule your exit interview.

On your last day of work, please take the following steps:

- Staff Only: Submit your final time worked report and/or leave.
Staff using time clocks should review and submit hours after final out punch.
- Through your department head/chair, arrange for the transfer of your electronic files to the designated individual authorized to access the files.
- Remove your personal property from your locker, desk, and/or workspace.
- Return university property (i.e. uniforms, tools, supplies, equipment, computers, and software) to your supervisor/department chair.
- Remove your university parking decal from your vehicle and securely discard it.
- If eligible for COBRA, complete and submit forms to HR within 60 days from the date your COBRA notice is sent to you.

Employment Departure Form

Name:

Department:

Job Title: Intended Departure Date:

Mailing Address: Check if different from current

Address

City State Zip Code

Personal E-mail

Record your reason for leaving (select from drop-down box):

Reason for Leaving

Comments:

Staff Member/Faculty Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Department Head/Chair Signature: _____ Date: _____

Instructions to Department Head/Chair: send signed form to Human Resources (Howarth 016 or CMB 1064)

For Human Resources Use Only

- RC
- BS
- HRC
- File