

**College of Forest Resources and Forest and Wildlife Research Center  
Employee Termination Clearance Sheet**

Employee Name: \_\_\_\_\_ Employee I.D. No. \_\_\_\_\_

Termination Date: \_\_\_\_\_ Phone No: \_\_\_\_\_ Forwarding  
E-mail: \_\_\_\_\_

Forwarding Address \_\_\_\_\_ Forwarding  
Phone No.: \_\_\_\_\_

Clear all termination of employment matters with your departmental Administrative Assistant or Budget Manager. **The following list must also be completed and a signature must be obtained from the person indicated before you receive your final paycheck.** Please schedule an appointment with your supervisor at least 1 week ahead of your departure date.

\_\_\_ Cancel copier codes and card access/access codes to building.

\_\_\_ Return all CFR/FWRC office keys, work area keys, and cancel card reader access. (Elaine Wright)

\_\_\_ Return all vehicle keys, desk keys, procurement cards, and gas cards.

\_\_\_ Finalize payroll, termination and leave accrual paperwork, cancel long distance service, calling card numbers, voice mail, and Banner access. Confirmation of mailing address for W-2.

\_\_\_ Return all hand receipted items i.e. laptop, printer, phone, palm pilot, etc. and clear all inventory items under your responsibility.

\_\_\_ Return university credit cards.

\_\_\_ Clear outstanding travel expenses.

\_\_\_ If faculty, discuss status of restricted projects (remaining funds, work to be completed, project reporting status, manuscripts submitted, publications in press, intellectual property, employees they supervise).

\_\_\_ Clear all Chemical Inventory and any disposal of Hazardous Waste.

\_\_\_ Establish e-mail account for one month with prior approval. (Brady Warren)

\_\_\_ Schedule Exit Interview with Department Head/Unit Supervisor.

\_\_\_ Complete the exit survey form at this URL [http://www.hrm.msstate.edu/forms/405\\_Exit\\_Survey.pdf](http://www.hrm.msstate.edu/forms/405_Exit_Survey.pdf) and give to Department Head/Unit Supervisor.

Other university items to clear are: direct deposit, discontinuation of benefits, account services, health center, library, Sanderson Center, Parking Services, and tuition and fees. Please provide your forwarding address to the University Post Office and Statewide Federal Credit Union (if applicable).

I have reviewed this check-out sheet and the information is correct to the best of my knowledge.

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

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
Dean/Director's Signature Date

*Please forward a copy of this completed form to the Dean and Director's office for the personnel files.*

Adopted 8/22/2008