



SEPARATION CHECKLIST

Employee Name	UD ID
Department	

SUPERVISOR and/or HR / PAYROLL REP:

HAVE YOU:		Date
Collected from the individual all University assets? <ul style="list-style-type: none"> <input type="radio"/> UD Cards <input type="radio"/> Equipment & Materials (Computer, Cellular Phone, Vehicle, etc) <input type="radio"/> Research &/or Laboratory Equipment <input type="radio"/> Uniforms <input type="radio"/> Tools 	<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?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Keys	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	

AUTHORIZED DEPARTMENT REPRESENTATIVE:

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

Signature (Department Representative)	Name, Printed	Date

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

TO: Office of Human Resources, Payroll Department
 413 Academy Street, Room 268