



SEPARATION CHECKLIST

Employee Name	UD ID
Department	

SUPERVISOR and/or HR / PAYROLL REPRESENTATIVE:

HAVE YOU...		Date
Collected from the individual all University assets? <input type="radio"/> UD ID and Procurement Cards <input type="radio"/> Equipment & Materials (Computer, Cell Phone, Vehicle, etc.) <input type="radio"/> Research &/or Laboratory Equipment <input type="radio"/> Uniforms <input type="radio"/> Tools	<input type="radio"/> Yes <input type="radio"/> Not applicable	
Submitted appropriate separation action(s) through HR System prior to the payroll cutoff deadline for the final pay date?	<input type="radio"/> Yes <input type="radio"/> Not applicable	
Keys	<input type="radio"/> Yes <input type="radio"/> Not applicable	

AUTHORIZED DEPARTMENT REPRESENTATIVE:

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

Signature (Department Representative)	Name, Printed	Date

Submit a copy of this form to HR Systems for the individual's permanent Personnel File.

**TO: Office of Human Resources, HR Systems
Department 413 Academy Street**