

**Faculty/Staff Separation Property Checklist**

This checklist is a tool to assist the employee and supervisor in completing the final steps of the employee’s separation from the University. On or before the employee’s last day at work, the following items should be returned and acknowledged by the employee and supervisor. This completed form is to be submitted to the Human Resources office on or before the employee’s last day at work, in order to finalize the separation process.

EMPLOYEE INFORMATION	
Name:	Sam ID:
Current Mailing Address:	Last Day Worked:
Permanent Mailing Address (if different from above):	
Supervisor’s Name:	Job End Date:
Job Title:	Department:

ISSUED PROPERTY		RETURNED PROPERTY	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Laptop, iPad, Tablet – Return to Department	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Cell Phone, Pager, Radio – Return to Department	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Other IT Property: _____ Return to Department	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Keys issued by Facilities Management – Return to Facilities Management, 2424 Sam Houston Avenue, Rm 119	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Department Keys/Cards (Lock Box Keys, Fuel Keys, File Cabinet Keys, Desk Keys, Fuel Card, Pcard) – Return to Department	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Bearkat OneCard	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	WEX SHSU Travel Card Issued with Employee’s Name – Return to Disbursement & Travel Services WEX SHSU Travel Card Issued with Department’s Name – Return to Department	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Uniforms – Return to Department	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Newton Gresham Library – Return Books, Pay Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any Additional Property: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date: _____

ADDITIONAL INFORMATION		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Personnel Action Form Completed/Submitted	If yes, Date Submitted: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Obtained Final Time Sheet (Non-Exempt Employees Only)	If yes, Date Obtained: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Public Safety Services – Pay Outstanding Fines/Fees	If yes, Date Paid: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Individual Corporate Travel Card – Destroy Card	If yes, Date Destroyed: _____

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor’s Signature

\_\_\_\_\_  
Date