|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employee Name:** | |  | | **Last Working Date:** | |  |
| **Position:** |  | | | **Department:** |  | |
| **Reason For Leaving:** | | |  | | | |

Human Resources will inform employee of the following: Insurance, Payroll/Checks, Retirement, Vacation and/or Sick Leave, Forwarding Address.

***Items below should be discussed with the employee by the appropriate supervisor*.**

|  |  |  |
| --- | --- | --- |
| **TASK** | **NAME** | **COMPLETED DATE** |
| Resignation letter submitted to supervisor and Human Resources |  |  |
| Building and room **keys** have been turned in to facilities. |  |  |
| **Equipment** returned (laptop, software, etc…) |  |  |
| **Computer Access** - Removed from e-mail listing and all other computer access. |  |  |
| Appropriate people have been notified to remove **phone** access. |  |  |
| **Status of Work/ Projects** - Supervisor has been updated on all projects that are in progress; grades and records are turned in. |  |  |
| **Job Description (Classified)** - Employee comments on job description. If any, attach to this form. |  |  |
| All **personal property** has been removed. |  |  |
| **Time Sheets** - Done for all work preceding end date. |  |  |
| **Expenses** have been turned in through last working day. |  |  |
| **Parking Refund** - Depending on separation date, a refund may be available. |  |  |
| **Phone card(s) / credit card(s)** have been turned in. |  |  |
| **Cell phone / pager** have been returned to the supervisor. |  |  |
| **Delegation of Authority** - Supervisor has informed the Human Resources office to revoke the employee’s delegation. |  |  |
| **ISRS Rights** - Human Resources removes from MnSCU system. |  |  |

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

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

**Submit completed form to Human Resources.**