

EMPLOYEE TERMINATION CHECKLIST

EMPLOYEE INFORMATION	
Employee Name:	<input type="checkbox"/> OSU-CHS <input type="checkbox"/> OSU-Tulsa
Department:	Last day of work:
<input type="checkbox"/> Resignation <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Lay-off <input type="checkbox"/> Retirement	

SUPERVISOR RESPONSIBILITIES				
Tulsa campus:	CHS campus:	Collected/Completed:	n/a	NOTES:
Terminate computer access; email Stillwater Helpdesk (helpdesk@okstate.edu)	Notify HIPAA & Security of separation, terminate computer and building access; complete Deactivation Form: CHS Employee Deactivation/Transfer	<input type="checkbox"/>	<input type="checkbox"/>	Ticket #:
Notify Campus Police of separation and terminate building access; email Campus Police pamela.jackson@okstate.edu		<input type="checkbox"/>	<input type="checkbox"/>	
Keys and/or Proximity Card (All Supervisors contact Facilities to pick up key or use facilities service portal)		<input type="checkbox"/>	<input type="checkbox"/>	
University-owned Cell Phone and/or Pager		<input type="checkbox"/>	<input type="checkbox"/>	
ProCard forwarded to Purchasing		<input type="checkbox"/>	<input type="checkbox"/>	
Supervisor terminates OSIIS access		<input type="checkbox"/>	<input type="checkbox"/>	
Voicemail password		<input type="checkbox"/>	<input type="checkbox"/>	
Final Time Sheet Completed		<input type="checkbox"/>	<input type="checkbox"/>	
Computer Equipment/laptop/iPad (other than office)		<input type="checkbox"/>	<input type="checkbox"/>	
Library property		<input type="checkbox"/>	<input type="checkbox"/>	
Return change fund to Custodian:		<input type="checkbox"/>	<input type="checkbox"/>	

HUMAN RESOURCES RESPONSIBILITIES			
	Collected/Completed	n/a	NOTES
Exit Interview	<input type="checkbox"/>	<input type="checkbox"/>	
ID Badge	<input type="checkbox"/>	<input type="checkbox"/>	
Final Time Sheet/Leave Report	<input type="checkbox"/>	<input type="checkbox"/>	

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Human Resources: _____

Date: _____