

Medical Center Separation/Termination Checklist

Name: _____ Empl. ID _____

Effective Date of Separation (Last Day Worked): _____

Separation Due to: Resignation Involuntary Termination End of Appointment
 Transfer* (*Please coordinate removal of network systems access with staff member's new department.)
 Other _____

Reason for Separation: _____

Final Paycheck Date: _____

Check to be: Picked up Mailed (address _____)

Return of University property to include but not limited to the following:

- ID Card Keys, Security Access Pager Telephone Parking Decal, Gate Card
- Computer, Laptop Jump Drive Uniforms, Tools Locator Badge (if applicable)
- University Credit Cards/P-cards Medical Charts (if applicable)
- Collect/obtain job status on open projects (preferably in writing)
- Review of computer files directory
- I have returned University property as checked above.**

Employee Signature

Date (m/d/yy)

- I have received University property from departing staff member as checked above.**

Supervisor Signature

Date (m/d/yy)

Supervisor Follow-up:

- Process Personnel Action Form (PAF); send to HR Service Center (indicate date and initiator name). **Note:** a PAF is not needed when an employee transfers elsewhere in the University. In Nursing Practice a Status Change Record (SCR) should be submitted.
- Removal of all electronic systems access.** Notify ISDHelpdesk@URMC.Rochester.edu via e-mail to remove all system access **within 24 hours** of last day worked.

****If access should be removed immediately call the ISD Help Desk at 275-3200.**

(Requestor / Date / Confirmation)

- Other (UR directory, voice mail, etc.) _____