

Separating/Transfer Checklist

Employee Name:	
MSU ID:	
Department:	Termination/Transfer Date:
Checklist Completed by:	Today's Date:
New Mailing Adress:	
City, State, Zip:	
Email:	

Per University Policy, HRM 60-405, <u>departments/units are required to maintain this form in the department</u> for three years when there is separation from employment /change of position. DO NOT send the form to Human Resources Management.

	Description	Date
		Completed (If
		Not
		Applicable, mark as N/A)
		mark as N/A)
	Complete the Employment Action Form (EAF) and submit to HRM with letter of resignation	

University Assets and Financial Steps

Return University fuel, procurement and/or travel card(s) to department	
Return office key(s) (i.e., lab, desk, cabinet, and storage area) and ID badge(s)	
Return University-owned property and/or equipment (computers, laptop, tablet, books, mobile devices, storage media, supplies, tools, uniforms, etc.)	

Shared Files/Systems (Electronic Access should be cancelled unless there are extenuating circumstances requiring access to continue)

Confirm transfer or deletion of all electronic files from OneDrive, local drive, personally owned computers, mobile devices, cloud storage, and storage media (e.g., flash drives, etc.) Complete removal procedure(s) for all system access (e.g., shared network drives, databases, Banner, Outlook, PageUp, departmental software, subscriptions etc.) Submit helpdesk ticket, if appropriate. Remove electronic door access, if appropriate Discontinue voice mail or plan for recovery of messages left for departing employee

Payroll/Benefits

Taylon benefits		
	Make sure leave has been audited and processed	
	Make sure time sheets have been submitted and approved (Make sure department pays compensatory time for employees separating from the University or transferring to another department)	
Miscellaneous		
	Share information about Exit Interview Survey (generated electronically to the employee)	

Contact Parking and Transit Services to end accrual of charges for digital parking permit

I attest that I have completed this checklist in good faith and have complied with all tasks herein.

Supervisor Signature

Date (mm/dd/yyyy)