SOUTHEASTERN LOUISIANA UNIVERSITY
EXIT CHECKOUT FORM

Name: ________________________________ W# __________________

Forwarding Address: ____________________________________________

City, State, Zip: ________________________________________________
(Note: this is where W-2 will be mailed)

Final Date of Employment _______________________________________

The following checklist must be completed prior to your leaving the University. Please have your Department Head certify that you are clear with the department by signing Section 1. Turn your keys in at the Physical Plant and have a representative of Physical Plant sign Section 2. Personally bring this form to the Human Resources Office to complete the checkout. The Controller’s office will be authorized to make final payment of salary when notified by the Human Resources Office that all items have been checked and cleared. Final checks will be held in the Human Resources Office until checkout is completed.

1. Department of ____________________________________________

   ___ Locker keys returned
   ___ Fuelman card returned
   ___ Uniforms returned
   ___ Office/desk inventory checked
   ___ TimeCentre documentation and certification
   ___ Copy card returned
   ___ All directories and files cleared from office computer
   ___ Filing cabinet and/or desk keys returned
   ___ Personal property removed from office
   ___ Non-office workspace (lab, workroom, etc.) is clean and in order
   ___ Procedure & software manuals, etc returned
   ___ Removed from departmental mail boxes
   ___ Removed from departmental telephone directory
   ___ Departmental post office keys returned
   ___ Tests in order
   ___ Desk copies of text returned
   ___ Grades submitted to Records & Registration and/or Dept Head
   ___ Explanation of how final grade was derived submitted to Dept Head
   ___ Attendance records submitted to Department Head
   ___ Arrangements made for students with incomplete grades
   ___ Final report/paperwork submitted to Office of Sponsored Research if grant PI
   ___ Other: __________________________________________________________

   Authorized Department Signature: ________________________________ Date ______________

2. Keys issued: _____ Yes    _____ No    Date ______________________

   Building/Office keys returned: key(s)# ________________________________

   Authorized Residential Housing Office Signature: ______________________