

**SOUTHEASTERN LOUISIANA UNIVERSITY
EXIT CHECKOUT FORM**

Name: _____ W# _____

Forwarding Address: _____

City, State, Zip: _____

(Note: this is where W-2 will be mailed)

- Employee Type: Faculty Lecturer Classified Staff Unclassified Staff
 Counseling Intern Graduate Student Staff Housing Resident Assistant

The following checklist must be completed prior to your leaving the University.

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. If necessary, final checks will be held in the Human Resources Office until checkout is completed.

1. Department: _____

- Locker keys returned
- Fuelman card returned
- Uniforms returned
- Radio returned

- University cell phone returned
- SLU Department equipment returned
- Office/desk inventory checked
- Time and Labor documentation and certification
- Copy card returned
- P-card and/or any needed receipts 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
- Records (electronic and paper) are in order and located: _____
- Removed from departmental mail boxes
- Removed from departmental telephone directory
- Removed from departmental e-mail 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: _____

2. Physical Plant (3333) or Residential Housing Keys issued? Yes No

Building/Office keys returned: key(s)#: _____; _____; _____; _____; _____; _____; _____

Authorized Physical Plant or Residential Housing Office Signature: _____