

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - ABILENE
SEPARATION CHECKOUT PROCEDURE

Name of Separating Employee: _____

Employee ID number: _____

Position Title: _____

Email: _____

Department: _____

Immediate Supervisor: _____

Date of Separation: _____

VERIFYING DEPARTMENT

SIGNATURE

DATE

Human Resources: _____

Retirement _____

Insurance _____

Final Leave/Time Sheet _____

Employment _____

Facilities/Security:

HSC Building Keys _____

Employee ID _____

Traffic & Parking _____
