

**Texas Tech University Health Sciences Center At Amarillo
Separation Check Out Form**

Name of Separating Employee: _____

Employee ID number _____

Position Title: _____

Department: _____

Location/ Campus: _____

Immediate Supervisor: _____

Date of Separation: _____

| Verifying Department | Supervisor's Signature | Date |
|-----------------------------|-------------------------------|-------------|
|-----------------------------|-------------------------------|-------------|

| | | |
|--|-------|-------|
| Employing Department -pager, equipment, procurement card - final time sheet/ leave form entry | _____ | _____ |
|--|-------|-------|

| | | |
|---|-------|-------|
| Police Department -ID badge, employee ID, access card | _____ | _____ |
|---|-------|-------|

| | | |
|----------------|-------|-------|
| Parking | _____ | _____ |
|----------------|-------|-------|

| | | |
|---|-------|-------|
| Plant Operations/ Lockshop -HSC Building Keys | _____ | _____ |
|---|-------|-------|

| | | |
|---|-------|-------|
| Human Resources -Travel Card -Insurance-COBRA-TexFlex -lump sum certification -retirement -sick leave donation -paycheck instructions address | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

Important: This form must be completed and returned to the Human Resource Office on the last day of employment to avoid delay processing of retirement funds.