

Texas Tech University Health Sciences Center At Dallas
Separation Check Out Form

Name of Separating Employee: _____

Employee ID number _____

Position Title: _____

Department: _____

Location/ Campus: _____

Immediate Supervisor: _____

Date of Separation: _____

<i>Verifying Department</i>	<i>Supervisor's Signature</i>	<i>Date</i>
------------------------------------	--------------------------------------	--------------------

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

HSC Building Contact -ID badge, employee ID, access card - office 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.