

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
LUBBOCK CAMPUS SEPARATION CHECKOUT**

Name of Separating Employee: _____

Employee ID Number: R _____

Position Title: _____

Email: _____

Department: _____

Location/Campus: LUBBOCK _____

Immediate Supervisor**: _____

Date of Separation: _____

VERIFYING SIGNATURE

DATE

Human Resources: _____

Retirement _____

Insurance _____

Plant Operations - Lockshop:

HSC Building Keys _____

Police Department:

Employee ID _____

Traffic & Parking:

Parking Sticker _____

**** It is the supervisor's responsibility to ensure that employee access to all internal systems is disabled.**

This form must be completed and returned to the Human Resources Office (Lubbock) in order not to delay processing of retirement funds.