

Separation Clearance Form

Under Section 8580.4 of the State Administrative Manual, each full-time and/or part-time employee is required to complete and sign a Separation Clearance Form (SCF) upon separation before the final pay warrant is released.

<input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF / MGT <input type="checkbox"/> GRADUATE ASSIST. OR TEACHING ASSOC	<input type="checkbox"/> SEPARATING ALL DEPTS/UNIV <input type="checkbox"/> SEPARATING THIS DEPT ONLY <small>- if employed in other dept(s), skip Payroll/Benefits, Cashiering Office</small> <input type="checkbox"/> RETIRING <input type="checkbox"/> Retiring – Keep e-mail <input type="checkbox"/> OTHER (FERP, off-site, etc.)	<hr/> Name (Print or Type) <hr/> EMPLID	<hr/> Date <hr/> Department
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Please obtain clearance signatures from appropriate offices as indicated below:

ITEMS TO CLEAR

1. Return All Items:

The department has received notice that the following items need to be returned:

- Keys (return to Facilities Management)
- Library books

I understand I must return these items. Failure to do so may result in a bill for penalty fees, property value, and/or cost of security restoration to a room or building.

Employee's signature: _____

2. Confidentiality Understanding:

I understand my ongoing responsibility for maintaining the confidentiality of university information.

Employee Signature _____ Date _____

3. Department or Office

If not done previously, complete ANSE form.

SENT ANSE (cancels access to HR/CMS, Office Max, Procurement VISA, Travel AMEX, Card Access, Office Copier Accounts, NowPrint)

- Department property returned
- ID Card returned (not from student or retiree)
- Office cleared
- Permanent parking decal
- Phone card and cell phone returned
- Professional development equipment returned
- Signature authority cancelled
- State property cleared
- Travel documents completed

• **Department received "Cleared" response to ANSE:**
 _____ Keyshop (Ext 6222)
 _____ Library (Ext. 6502)

• **Department:** notify employee to contact Human Resources Service Center, KNDL 220, regarding: W2, benefits, voluntary deductions, direct deposit, etc.

Department Signature:

Print Name _____

Title _____

Signature _____

Date _____

4. Mail final warrant to: _____
 (provide address)

• Send form and attachments to Cashiering Office, zip 242, SSC 230

Cashiering Office

• Moving Allowance cleared Cashier's initials _____
 Date _____

Send copy of separation form to Wildcat Card, zip 260 and Info Tech Support Services, zip 415