

# State of Missouri Employee Separation Check List

Columbia   
  Kansas City   
  Rolla   
  St. Louis   
  Hospitals and Clinics   
  UM System

TO: Name	EMPLID	Department
FROM:	<input type="checkbox"/> Separation <input type="checkbox"/> Transfer	Effective Date _____

This is to confirm your last working date with this department will be \_\_\_\_\_. Please call my office to set a time to complete the necessary checkout procedures. Please bring with you the following property which our records indicate has been issued to you.

Issued	DATE	Returned	
_____	_____	_____	Uni-Card - Airfare (# _____ )
_____	_____	_____	Uni-Card - Purchasing (# _____ )
_____	_____	_____	Corporate Travel Card
_____	_____	_____	State Club Card
_____	_____	_____	Keys, Card Keys (Office, Building, Other)
_____	_____	_____	Parking Permit
_____	_____	_____	Tools/Equipment
_____	_____	_____	Uniforms
_____	_____	_____	State I. D. Card
_____	_____	_____	Division/Department I.D. Badge
_____	_____	_____	Telephone Calling Card
_____	_____	_____	Other

The following check list is to assist the person conducting the check out.

### Authorization and Other Exit Items

_____	Any Outstanding Fine/Fees to be Paid
_____	Bi-Weekly Time Sheet Signed/Submitted
_____	Monthly Absence Summary Completed
_____	PAF (transfer/termination) Processed (include leave accrual info)
_____	Computer Account(s) Deleted
_____	Security System Access Deleted
_____	Voice Mail Access and Message Changed
_____	WATS Access Number Deleted
_____	State and/or Div./Dept. I. D. Cards Destroyed
_____	Division/Department I.D. Badge
_____	Clean Out Lockers, Desk, etc.
_____	Other

Employee Signature at Hire	Date	Supervisor's Signature	Date
Employee Signature at Exit	Date	Supervisor's Signature	Date

**This form should be completed for all transferring or separating employees. The completed checklist should be returned to the Human Resources department along with the transfer/terminating PAF.**