

OAKWOOD UNIVERSITY

Employee Clearance Procedure

Name: _____ Employee ID: _____

This is to certify that the above named employee has processed through the following departments before a final check can be issued to the separating employee.

DEPARTMENT HEAD

<input type="checkbox"/> Keys _____	_____	_____
<input type="checkbox"/> Equipment _____	Department Head	Date
<input type="checkbox"/> Other _____		

LIBRARY

<input type="checkbox"/> Books _____	_____	_____
<input type="checkbox"/> Audio Visual equipment, etc. _____	Library Official	Date
<input type="checkbox"/> Fines _____		

INFORMATION TECHNOLOGY

<input type="checkbox"/> EX Access _____	_____	_____
<input type="checkbox"/> Email _____	Assistant CIO	Date
<input type="checkbox"/> Computer Equipment _____		

PAYROLL CHARGES

<input type="checkbox"/> University Market _____	_____	_____
<input type="checkbox"/> Bookstore _____	Payroll Coordinator	Date
<input type="checkbox"/> Other _____		

ACCOUNTING

<input type="checkbox"/> P-card _____	_____	_____
<input type="checkbox"/> Outstanding Accounts _____	Accounting Official	Date

Checkout due to: Resignation Retirement Termination Other _____

Forwarding Address: _____

_____	_____
Employee's Signature	Last Date of Work

****Do not write below this line****

Employee Services

<input type="checkbox"/> Employee ID card	<input type="checkbox"/> Supplemental Life Insurance
<input type="checkbox"/> Medical Card	<input type="checkbox"/> Electronic Service Record
<input type="checkbox"/> FSA Card	<input type="checkbox"/> Farewell Gift _____ (If applicable)
<input type="checkbox"/> Vacation Payout _____ (If applicable)	
<input type="checkbox"/> Other _____	

Employee Services Comments: _____

_____	_____
Employee Services Official	Date