

SEPARATING EMPLOYEE CLEARANCE FORM

Employee Name:		NetID:
Forwarding Address:		
Employee Status: *Faculty _____ Staff: _____ FERP: _____ Student: _____ *If the faculty member is awarded Emeritus status, the Department must notify the Library, ITS and Facilities of the Emeritus status so that library, computer, e-mail, and key access are maintained.		
Type of Separation: Resignation _____ Retirement: _____ Other: _____		
Department:	Last Day Worked: _____	Termination Date: _____

Department Clearance - This Section Completed By: _____ on Date: _____

Submit an advance copy of the Final Time Report to Payroll		Date:
Accounting Office (email request to: clearance@csueastbay.edu)	Name of Person Contacted:	Date:
ITS & Telecommunications (Initiate Service Desk Ticket at http://www20.csueastbay.edu/its/service-desk/)	Help Desk Ticket Number:	Date:
Library (x5-3612)	Name of Person Contacted:	Date:
BayCard (email notification to baycard@csueastbay.edu)	Name of Person Contacted:	Date:
Dept. Property Returned? Yes _____ No _____ Signature: _____ Date: _____	EFAF/ESAF Initiated? Yes _____ Date: _____	

University Clearance – Employees must visit University offices to obtain appropriate signatures before going to Human Resources

Keys - All University keys must be returned to DOFM on or before the last day of work. Employees may be permitted to retain a key if (1) the key is not a master key and (2) they have obtained authorization from an approving official granting a key waiver.
 Keys – Section A: Completed by DOFM, if employee has returned their key(s)
 Keys – Section B: Completed by approving official, if granting a key waiver

Keys – Section A	DOFM Signature:	Date:
Keys – Section B	Approving Official Signature	Date:
Cashier – Parking Permit	Cashier Signature:	Date:
Procurement Cards returned? ___ Yes ___ No Signature: _____	Name of Person Contacted:	Date:

Are you a part of the Campus Employee Medical Monitoring Program? Yes <input type="checkbox"/> / No <input type="checkbox"/> (If no, no action needed)		
If yes, please call EHS (X5-4139)	Name of Person Contacted:	Date:

Are you required to fill out Form 700, Conflict of Interest? Yes <input type="checkbox"/> (If yes, see next 2 rows) / No <input type="checkbox"/> (If no, no action needed)		
If you are a Designated Employee, please contact Nyassa Love, X5-2743	Date:	
If you are not a Designated Employee, please contact Yazmin Lobendahn, X5-3637	Date:	

Human Resources Clearance – Please complete all sections above before coming to Human Resources

I.D. Returned? Yes _____ No: _____	COBRA Election Form? Yes _____ No: _____	PERS Form 687? Yes _____ No: _____	PST/DC Retirement Plan? Yes _____ No: _____
Voluntary Life? Yes _____ No: _____	LTD/LIFE (Employer Paid)? Yes _____ No: _____	Long Term Care? Yes _____ No: _____	Health Care Reimb. Acct? Yes _____ No: _____

*Employees are reminded of their ongoing legal responsibility for maintaining the security of protected data.

Employee Signature and Date

Human Resources Signature and Date