

School of Public Health

Exit Checklist



Employee Name	ID Number
Department/Center	Date of Exit

Termination <input type="checkbox"/>	Transfer <input type="checkbox"/>	Ending Appointment Within SPH Only <input type="checkbox"/>
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Employee/Department: (If not applicable, please put N/A)

Item	Returned/ Cancelled	Date	Processed By: (Please print)	Signature
Security Access/Keys				
UC Property/Items: (Please list)				

Personnel Office (16-068 CHS): (If not applicable, please put N/A)

Item	Collected/ Cancelled	Date	Processed By: (Please print)	Signature
Personal Data Form				
Unemployment Insurance Term Report (U5602)				
COBRA				
Insurance Types				
Final Timesheet				
Security ID Badge				
Orion/Directory				
SPH Mailing List				
Parking Permit Access Card				
AIS Cancelled (Finance 16-085)				