Wichita State University

Employee Separation Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s Name: |  |  | *myWSU* ID#: |
| Department Name: |  |  | Type of Separation: |  |
| Effective Date: |  |  |

| **Activity** | **Completion Status** |
| --- | --- |
| To Do |
| **Department to Collect:** | |
| 1. Letter of Resignation (send original to HR) |  |
| 1. Computer Equipment and/or Software |  |
| 1. Cell/mobile device and/or long distance card |  |
| 1. Keys (building, equipment, desk, locker, etc.) |  |
| 1. Corporate Credit Card (i.e. VISA, P-CARD) |  |
| 1. State/Department ID cards or badges |  |
| 1. Equipment (tools, uniforms, etc.) |  |
| 1. Supplies (books, files, manuals, etc.) |  |
| **Department to Schedule/Complete:** | |
| 1. Submit Termination ePAF with employee’s last day immediately following knowledge of separation date. |  |
| 1. Ensure Employee removes personal items from work areas |  |
| 1. Removal from Phone List |  |
| 1. Change desk phone voicemail |  |
| 1. Cancel phone PIN# (Univ. Telecomm) |  |
| 1. Update Organization Chart |  |
| 1. Send department file for Employee to HR within 5 days of separation date |  |

Note completion date of all “to do” items to be collected, scheduled, and/or completed for employee prior to separation, or indicate “N/A” if the activity is not applicable. Send the completed Employee Separation Checklist to HR with the department file for the employee.

Supervisor (or Designee) Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Employee’s Name: |  |  | *myWSU* ID#: |
| Department Name: |  |  | Type of Separation: |  |
| Effective Date: |  |  |

| **Activity** | **Separation** |
| --- | --- |
| To Do |
| **Employee Completes** |  |
| 1. Review W-4 information in Self-Service Portal and make any changes |  |
| 1. Review Current Address in Self-Service Portal and make any changes |  |
| 1. Review Vacation and/or Sick Leave balance in Self-Service Portal |  |
| 1. Return keys, myWSU ID, and equipment to Leader |  |
| 1. Discuss with Department any need to forward personal mail received after termination. |  |
| 1. Remove all personal belongings from work areas |  |
| 1. For Employment Reference, contact the Work Number at 1-800-367-5690 with employer code 18113 |  |
| **Human Resources – Benefits (Email** [**totalrewards@wichita.edu**](mailto:totalrewards@wichita.edu) **if a meeting is needed to discuss benefits with HR)** | |
| 1. Insurance ending dates – life, group health (summer coverage or lump?) |  |
| 1. Conversion of Life Insurance |  |
| 1. COBRA provisions |  |
| 1. Flexible Spending Account |  |
| 1. KPERS/KP&F/Board of Regents retirement fund status |  |
| 1. Finalize group health coverage change form |  |
| 1. Shared Leave Donation Form |  |

Note completion date of all “to do” items to be collected, scheduled, and/or completed prior to the separation date, or indicate “N/A” if activity is not applicable. Page two (2) of the Employee Separation Checklist may be retained by the employee or may be returned to HR to include in Employee File.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Benefits Signature (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_