



OUTPROCESSING CHECKLIST FOR PT FACULTY

Termination Date _____ Academic Department _____

Full Name _____

RETURN CHECKLIST TO DEPARTMENT WHEN COMPLETED

<u>Date</u>	<u>Initials</u>	<u>Department</u>
_____	_____	Plant Operations – Key Shop (Open M-F 8-12 and 1-5 pm)
_____	_____	Department Head – Grade Books/Dept. Equipment
_____	_____	Registrar’s Office – Final Grades submitted on BANNER
_____	_____	One Card Services – (Open M-R 8-530 and F 8-230) _____ ID Returned _____ Fee Paid
_____	_____	Parking & Transportation _____ Paid P&T Balance OR _____ Payroll Deduction

To Be Completed by Department Head or Departmental Secretary:

Permanent Address for W-2 Mailing at end of calendar year

_____ Same _____ New _____

The Items listed above have been cleared with the appropriate departments as indicated

Employee’s Signature

Date

Department’s Signature

Date

****Send to Academic Affairs when completed***