



Checkout Form

Persons separating employment for
Retirees, Resignations, etc.

THIS FORM MUST BE COMPLETED AND RETURNED TO THIS OFFICE OF HUMAN RESOURCES AT LEAST THREE (3) DAYS PRIOR TO FINAL DATE OF EMPLOYMENT.



Employee Name _____ CWID # _____
 Supervisor _____ Department _____
 Last Day Worked _____ Reason for Separation _____



Street Address: _____ City/ST/Zip _____
 Non-KSU Email Address: _____ Phone: _____



- _____
Immediate Supervisor _____ Date _____
- _____
Appropriate Vice President _____ Date _____
- _____
Brand Identity (Social Media) _____ Date _____
- _____
Library _____ Date _____
- _____
University Police (Exum) _____ Date _____
- _____
Locksmith (Jordan Building) _____ Date _____
- _____
Health & Safety Office _____ Date _____
(Facilities Mgmt. employees only)
- _____
Cashier (ASB 349) _____ Date _____
- _____
Purchasing (ASB 243) _____ Date _____
- _____
Information Technology (ASB 379) _____ Date _____
- _____
Auxiliary Services – ID Cards (ASB 317) _____ Date _____
- _____
Accounts Payable (ASB 430) _____ Date _____
- _____
Bursar _____ \$ _____ Date _____
- _____
Payroll Department (ASB 428) _____ Date _____
- _____
Human Resources (ASB 429) _____ Date _____

Employees Signature: _____ Date: _____