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**EMPLOYEE EXIT CHECKLIST**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This checklist is intended to help you complete the exit process. An initial from each department representative, where applicable, must be completed and the original form returned to HR, Inlow 209, prior to your departure.

**SUPERVISOR RESPONSIBILITY**

\_\_\_\_\_\_\_\_ Return office equipment borrowed from or assigned by Department or University (re: Laptop)

\_\_\_\_\_\_\_\_ Employee Returns department/**building keys to Facilities**, key form must be attached 962-3562

\_\_\_\_\_\_\_\_ Return smart key to IT - Inlow 009A, 962-3514

\_\_\_\_\_\_\_\_Return EOU corporate charge card to department head, if applicable

\_\_\_\_\_\_\_\_Sign final timesheet and submit to your supervisor

**EMPLOYEE RESPONSIBIITY**

Date Completed

\_\_\_\_\_\_\_\_ Submit Letter of Resignation to supervisor and HR- Inlow 209, 962-3548

\_\_\_\_\_\_\_\_Pay any outstanding amounts due or travel advances, turn in any outstanding expense reports - Inlow 208, 962-3856

\_\_\_\_\_\_\_\_ Contact Payroll regarding unused vacation balance, if applicable - Inlow Hall 205, 962-3286

\_\_\_\_\_\_\_\_ Return books or materials checked out from Pierce Library, 962-3864

\_\_\_\_\_\_\_\_ Provide Human Resources with forwarding address or change mailing address if applicable - Inlow 209, 962-3548

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Contact HR regarding continuation of insurance benefits, if applicable, including COBRA rights, life insurance, long term care etc. Inlow 209, 962-3548

\_\_\_\_\_\_\_\_ Schedule an Exit Interview with Human Resources, Inlow 209, 962-3548 (Not Mandatory)

The Office of Human Resources would like to setup a confidential exit interview with you prior to your departure from Eastern Oregon University. The exit interview is a confidential questionnaire which gives us insight into turnover patterns, how working conditions and employee morale may be improved, and assists us with long range planning. Normally, the interview will take 30 minutes or less.

\_\_\_\_\_\_\_\_ I’ve been given the opportunity to sign a comprehensive reference release form. (See Attached)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date Supervisor Signature Date

*Complete by Human Resources*

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Info systems (FIS/HRIS, Approval Queues)

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notify University Advancement

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\*\*The following items are non-refundable: Quinn Fitness Pass, Flex Card Money, and Parking Pass.

**Eastern Oregon University**

**Employment Reference Release**

I acknowledge that I have been informed that it is the general policy of Eastern Oregon University to disclose in response to a prospective employer’s request only the following information about current or former employees: (1) the dates of employment, (2) academic rank and tenure status, and/or the titles and descriptions of the jobs performed, and (3) verification of salary or wage rates.

**Authorization**

I consent to and authorize Eastern Oregon University, as my former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, behavior, personal history, disciplinary information and reason for separation of employment, relating to my employment with Eastern Oregon University. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment and will be made in good faith and on the basis of true and objective facts that are relevant to my job performance abilities.

I also hereby release and indemnify Eastern Oregon University, and its agents and employees, from and against all liability for damages or claims including, but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing prior to signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date