Financial Affairs

Exiting Employee Checklist

 Applies to Transferring Employees, Terminating Employees, and Retirees

Checklist is completed by the supervisor of the exiting employee.
Checklist is approved and signed by the department head.
Checklist is completed prior to the terminating employee’s last day of work.
File the completed checklist in the Employees Local Personnel File.

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position:</td>
<td>Last Day of Work:</td>
</tr>
<tr>
<td>U Number:</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Termination**

- [ ] Voluntary (includes Retirements)
  - [ ] Employee provides resignation letter, send copy to the Manager of Administration.
  - [ ] Verbal resignation, supervisor should provide to employee confirmation of resignation in writing, send copy to the Manager of Administration.
- [ ] Involuntary

**Type of Transfer**

- [ ] Intra-departmental. Position Change PA form submitted by the Manager of Administration who will also submit the vacancy for posting through Org. Mgmt. (OM) in Manager Self Service (MSS) in SAP on Department’s request
- [ ] Inter-departmental *(Within FA)*. Transfer PA form submitted by the Manager of Administration who will then submit the vacancy for posting through Org. Mgmt. (OM) in Manager Self Service (MSS) in SAP on Department’s request
- [ ] Inter-departmental *(Non FA unit)*. Transfer PA form submitted (provide gaining manager name). Manager of Administration will submit the vacancy for posting through Org. Mgmt. (OM) in Mgr. Self Service (MSS) in SAP on Department’s request

**Department/SAP Info**

- [ ] Determine effective date of resignation/termination/retirement (last day of work on letter)
- [ ] The Timekeeper will run time evaluation (SAP Transaction PT60) through the end of the month in which the employee is terminating. The vacation “Remaining Balance” in SAP transaction PT50 reflects the correct balance to be paid to the employee upon separation. The timekeeper will provide the balance information to the Payroll Coordinator.
- [ ] Manager of Administration will complete/submit the PA Termination Form in SAP.
- [ ] Inform employee to contact Human Resources Consultant regarding Benefits status
- [ ] If employee is on H-1 Visa, notify HR and ISSO
- [ ] Manager of Administration will submit the vacancy for posting through Org. Mgmt. (OM) in Manager Self Service (MSS) in SAP on Department’s request
**Access Information** (* Automatic in SAP at midnight of employee’s last day entered on PA form *)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>N/A</th>
</tr>
</thead>
</table>
|   |     |     | (** Retirees and Alumni will transition to BU G-Mail account (no historical folders)**

- Disable email account (ensure appropriate out of office message is created)*/**
- Remove employee’s name from:
  - email group lists
  - distribution lists
  - internal/office phone list
  - website
  - building directory
- Close computer access (includes wireless and VPN access) *
- Disable Access to SAP *
- Disable Access to UIS (Department DSA)
- Change or transfer phone extension/voicemail
- Deactivate Long Distance Code

**Office Access**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Disable security codes if necessary
- Change office mailbox
- Clean work area and remove personal belongings

**Collect the following Items by Last Day of Work:**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Keys (___ office, ___ building, ___ desk, ___ file cabinets, ___ other ___)
- BU Terrier ID Card
- SecurID
- Business cards
- Nameplate
- Name badge
- P-card
- Travel/Expense Card
- Cell Phone
- PDA (iPad)
- Laptop (incl. accessories, i.e. home charging cord)
- Uniforms
- Tools
- Other

Form Completed by: _____________________________________ Date: ________________

Direct Supervisor
Signature: ____________________________________________

Approved By: _________________________ Date: ________________

Department Head
Signature: ____________________________________________