|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYEE INFORMATION** | | | | | | | | |
| **Employee Name:** | |  | **Banner ID:** | **82** | **Type:** | | | EHRA  SHRA  TEMP  GRD ASST |
| **Department:** |  | | | **Supervisor:** | |  | | |
| Separation  On-Campus Transfer | | | | **Effective Date:** | | | Click here to enter a date. | |

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| **DEPARTMENT PROPERTY AND ACCESS** | | | | | | | | | | | | | |
| I have reviewed asset records that detail University property issued to me. I confirm completion and/or return of the following: | | | | | **EMPLOYEE** | | | | | **AUTHORIZED REP.** | | | |
|  | | | | | **Initials** | **Date** | | | | **Initials** | | | **Date** |
| Yes  N/A | | All Keys - Building/Office/Desk/Other (Return to NCCU Locksmith Office; NOT Your Manager) | | |  | Click here to enter a date. | | | |  | | | Click here to enter a date. |
| Yes  N/A | | Campus ID Card for Department (Eagle Card Svc.) | | |  | Click here to enter a date. | | | |  | | | Click here to enter a date. |
| Yes  N/A | | All Account Passcodes | | |  | Click here to enter a date. | | | |  | | | Click here to enter a date. |
| Yes  N/A | | Laptop/Computer/Tablet - Related Equipment | | |  | Click here to enter a date. | | | |  | | | Click here to enter a date. |
| Yes  N/A | | Communications Equipment  (Phone, Pager, Two-Way Radio, etc.) | | |  | Click here to enter a date. | | | |  | | | Click here to enter a date. |
| Yes  N/A | | Computer Manuals and Software | | |  | Click here to enter a date. | | | |  | | | Click here to enter a date. |
| Yes  N/A | | Vehicles and Transport Equipment | | |  | Click here to enter a date. | | | |  | | | Click here to enter a date. |
| Yes  N/A | | Parking Decal (Return to University Police) | | |  | Click here to enter a date. | | | |  | | | Click here to enter a date. |
| Yes  N/A | | Library Materials | | |  | Click here to enter a date. | | | |  | | | Click here to enter a date. |
| Yes  N/A | | Timesheet (s)/Leave Report (s) [Final] (Submit FINAL to Manager for approval) | | |  | Click here to enter a date. | | | |  | | | Click here to enter a date. |
| Yes  N/A | | Travel Expense Reports and Receipts | | |  | Click here to enter a date. | | | |  | | | Click here to enter a date. |
| Yes  N/A | | University Issued Credit Card(s) | | |  | Click here to enter a date. | | | |  | | | Click here to enter a date. |
| Yes  N/A | | All Department Files and Manuals | | |  | Click here to enter a date. | | | |  | | | Click here to enter a date. |
| Yes  N/A | | Tools and Safety Equipment | | |  | Click here to enter a date. | | | |  | | | Click here to enter a date. |
| Yes  N/A | | Other Items on Safety Inventory | | |  | Click here to enter a date. | | | |  | | | Click here to enter a date. |
|  | | | | | | | | | | | | | |
| **SEPARATING EMPLOYEES ONLY** | | | | | | | | | **YES** | | | | **N/A** |
| Verified address information on file is current/correct for the receipt of annual W-2 income tax forms, etc. | | | | | | | | |  | | | |  |
| Do you want to donate your excess annual leave (beyond the max 240 hours payout) to an eligible person on the Shared Leave Program? If so, contact Sandra Bailey at extension 6108. | | | | | | | | |  | | | |  |
| Have you scheduled or attended your exit interview for additional information regarding benefits and other pertinent information?  Yes  No | | | | | | | | | | | | | |
| **SUPERVISOR CONFIRMATION** | | | | | | | **YES** | | | | | **NA** | | |
| As the immediate supervisor of this employee, I confirm completion of the following: | | | | | | | **AUTHORIZED REP.** | | | | | | | |
|  | | | | | | | **Initials** | | | | | **Date** | | |
| Yes  N/A | Submitted Form 50 and accompanying documents to Human Resources | | | | | |  | | | | | Click here to enter a date. | | |
| Yes  N/A | Terminated/Cancelled the individual’s access rights to all NCCU Systems: network, email, banner, voicemail, cell phone by submitting a ticket with the specifics to ITS. (Please contact HR/Legal prior to requesting access to employee’s accounts.) If additional guidance is needed regarding email/voicemail please contact ETAC for the ITS Employee Separation Guidance document. | | | | | |  | | | | | Click here to enter a date. | | |
| Yes  N/A | Terminated the individuals signature authority on department, university, bank, and foundation accounts, etc. | | | | | |  | | | | | Click here to enter a date. | | |
| Yes  N/A | Collected all assets listed in the Asset Tracking Database or on Asset Tracking Form | | | | | |  | | | | | Click here to enter a date. | | |
| Yes  N/A | Cancelled all assets listed in the Asset Tracking Database or on Asset Tracking Form | | | | | |  | | | | | Click here to enter a date. | | |
| Yes  N/A | Cancelled any training scheduled but not yet incurred | | | | | |  | | | | | Click here to enter a date. | | |
| Yes  N/A | Cancelled any travel scheduled by not yet incurred | | | | | |  | | | | | Click here to enter a date. | | |
| Yes  N/A | Completed Performance Appraisal due to departmental transfer (Internal or in State system)\* | | | | | |  | | | | | Click here to enter a date. | | |
| Yes  N/A | Reviewed and signed last timesheet or approved leave report\* | | | | | |  | | | | | Click here to enter a date. | | |
| Yes  N/A | Informed individual to set up an Exit Interview with HR Benefits Office | | | | | |  | | | | | Click here to enter a date. | | |
| Yes  N/A\* | Forwarded materials to Human Resources | | | | | |  | | | | | Click here to enter a date. | | |
| SUPERVISOR/DEPARTMENT HEAD/DIRECTOR CERTIFICATION | | | | | | | | | | | | | | |
| *By approving this form, I certify that all separation requirements for the named employee have been satisfied.* | | | | | | | | | | | | | | |
|  | | |  |  | | | |  | | | Click here to enter a date. | | | |
| *Employee Signature* | | |  | *Printed Name* | | | |  | | | *Date* | | | |
|  | | |  |  | | | |  | | | Click here to enter a date. | | | |
| *Employee Supervisor/Department Head/Director Signature* | | |  | *Printed Name* | | | |  | | | *Date* | | | |

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| HUMAN RESOURCES Certification *(For HR Use Only)* | | | | |
| Emailed notification to ITS Help Desk of employee separation | | Yes  No | *Initials* | *Date* |
|  | Click here to enter a date. |
| * **Email completed forms to:**   HR Benefits Office at [benefits@nccu.edu](mailto:benefits@nccu.edu)  or fax to (919) 530-7984. | * **Mail hard copy to:**   Office of Human Resources – Benefits and HR Services For Inclusion in Permanent Employee Personnel File  *(Attach Asset Documentation)* | | | |