

**END OF EMPLOYMENT CHECKOUT FORM
FT/PT Faculty, Administrative and Staff Personnel
Brigham Young University-Hawaii**

Name: _____

BYUH ID: _____

Division/Department: _____

Termination Date: _____

INSTRUCTIONS:

EMPLOYEE:

- 1) Please complete this form on or before your last day of work.
- 2) Submit completed form to HR Office.

STEP 1: Supervisor/Manager – please initial on the following lines below as each task is completed.

_____ Review and/or approve final timesheets.

_____ Collect and verify BYUH keys. Transfer or return them to the appropriate key office (Facilities Mgmt.).

_____ Collect work laptop and any other work electronics – iPad, etc.

STEP 2: Employee - Please initial below once you have completed the exit interview.

_____ Fill out exit interview form online at http://byuh.czi.qualtrics.com/jfe/form/SV_8v44yGCetY4J.

STEP 3: Managers/Supervisors in the following departments should sign below to confirm that you don't have any outstanding balances with them.

- | | |
|------------------------------|---|
| _____ Library | Return all library books, materials and pay any fines. |
| _____ Security | Resolve any outstanding parking tickets and turn in parking sticker. |
| _____ Housing | Resolve any outstanding housing bills (i.e. utility bills for faculty, etc.). |
| _____ Health Center | Resolve any outstanding medical bills. |
| _____ Cashiers Office | Resolve any outstanding employee accounts (i.e. tuition or fees). |
| _____ Food Services | Resolve any outstanding employee accounts. |
| _____ Post Office | Return mailbox key and pay outstanding account balance. |
| _____ Purchasing | Return travel card and/or purchasing card. Pay outstanding balance. |
| _____ Bookstore | Return cellphone on BYUH plan. Pay outstanding balance. |

STEP 4: Human Resources – a representative of the department will initial by each item as completed.

_____ Return BYUH ID, PCC discount card

_____ **Retirees Only:** Obtain new retiree ID card.

_____ Tuition Reimbursement – Check to see if this individual has to pay back any amount reimbursed to them.

_____ MAP – Mortgage Repayment Agreement – Check to see if this individual has to pay anything back.

_____ Third-Year Trip – Check to see if this individual has to pay anything back.

_____ Update or provide forwarding addresses and telephone number in Workday (if applicable).

_____ Vacation hours' payout (_____ hours as of _____).

By signing below, I acknowledge that I have cleared all encumbrances, returned University property and paid all obligations to my knowledge.

Employee Signature	Employee Name (printed)	Date
--------------------	-------------------------	------

***** FAILURE TO PROVIDE THE OFFICE OF HUMAN RESOURCES WITH A COMPLETED COPY OF THIS FORM SEVEN (7) DAYS PRIOR TO THE EMPLOYEE'S LAST PAYDAY MAY RESULT IN HIS/HER FINAL CHECK BEING DELAYED.*****

OFFICE OF HUMAN RESOURCES USE ONLY

Cleared:	Retirement	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Flexible spending Account (FSA)	<input type="checkbox"/>	Other	<input type="checkbox"/>
----------	------------	--------------------------	-----------	--------------------------	---------------------------------	--------------------------	-------	--------------------------

Office of Human Resources

Title

Date