CIVIL SERVICE EXTRA HELP RESIGNATION/TERMINATION

SOUTHERN ILLINOIS UNIVERSITY

| NAME: | Last | First | | Middle | | Employee # | Department Mailcode |
|----------------------|--|-----------------------|---|--|-------------------------------|--|------------------------------------|
| ORWARI | DING ADDRESS: | Street | C | City | | State Country | |
| Po | sition ID | | | | | | |
| De | partment (Organization) | | | | | | |
| Cla | assification (Mark One) | Clerical/Secreta | | /Paraprofessional nal/Non-faculty | | Maintenance e/Admin/Managerial | |
| | appropriate reason: | | | | | | |
| This res any thre | gnation ignation is executed volunta at, force, duress, or undue ffective at the close of busir | influence of any kind | ontinue service in abov d by any person or per | ve position(s) and is not son(s) whomsoever. | t given or exe | ecuted by reason of | |
| | | | | Signature of I | Employee | Date | |
| Term | nination | | | | | | |
| | End of Assignment (assi | gnment ended prior | to anticipated ending | date) | | | |
| | Unsatisfactory performan | nce | | | | | |
| | 900 hours exhausted Other | | | | | | |
| | | | | | | | |
| To be ef | ffective at the close of busin | ess on | | | | | |
| office, co | E NOTE: The department is omputer, audiovisual and of phones and beepers; unifor | ther equipment; build | uring the return of all Uding, desk, file and ele | University property and ectronic entry keys; cop | equipment, i y, telephone, | ncluding but not limite University charge and | d to the followi d debit cards; |
| ADMINI | STRATIVE APPROVALS (| As required by car | mpus) | | | | |
| Chair/Fi | scal Officer | Date D | ean/Director | Date | Other ac | Iministrative approval | Date |
| HR Ren | resentative | Date | | | | | |

DEPARTMENTAL EXIT CHECK LIST CIVIL SERVICE EXTRA HELP RESIGNATION/TERMINATION

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

When a staff member terminates employment with SIUC, the Fiscal Officer must certify the return of all items listed below. Check all items that apply to the terminating staff member. If unable to retrieve all items, contact Payroll so that the final pay can be delayed until receipt of all items. Payment is also dependent upon timely transmission of final pay information to Human Resources (Employee Records). This procedure applies to all separating staff, including those on term or extra help appointments, layoff or permanent disability.

| Staff Member Name | Employe | ee # | Title | | | | |
|---|--------------------------|---|------------------------|------------------------|--|--|--|
| Department | | | | Last Day of Employment | | | |
| EQUIPMENT | | | | | | | |
| ☐ Instruments ☐ Uniforms ☐ Com | puter Ca | alculator | Tools | Instructional Aids | | | |
| Other / Comments: | | | | | | | |
| TELECOMMUNICATIONS | | | | | | | |
| Cell Phone Pager Long Dis | tance Access Numbe | ss Number AT&T Long Distance Calling Card | | | | | |
| Other / Comments: | | | | | | | |
| KEYS, ACCESS CARDS, AND KEY FOBS | | | | | | | |
| ☐ Desk and File Keys ☐ Office and Buildin | Desk and File Keys | | | | | | |
| University Vehicle Keys Travel Service Fuel Pin Facility Security Pass | | | | | | | |
| Other /Comments: | | | | | | | |
| ID AND CHARGE CARDS | | | | | | | |
| SIU Employee or Faculty ID | er's Club | Univ | ersity Pcard | | | | |
| Other / Comments: | | | | | | | |
| REVOKE ACCESS TO RESOURCES (Additional forms | s may be required to rev | voke acce | ess.) | | | | |
| ☐ Fiscal Officer ¹ ☐ Unit Officer ¹ ☐ AIS ¹ | RP | T^2 | | | | | |
| ☐ Fiscal Officer Delegate ³ ☐ Banner ⁴ ☐ C | Computer Network A | ccess an | nd E-mail ⁵ | | | | |
| Other / Comments: | | | | | | | |
| ¹ Use the following link to complete the "AIS User Form" ² Use the following link to complete the "Request for Reporting ³ Use the following link to complete the "Delegation of Fiscal C ⁴ Send Email to request access to Banner be revoked mailto: ⁵ Retirees will retain computer network access and e-mail. | Officer Authority" | <u>s - AIS</u> " | | | | | |
| I certify that I will return all university property by my last d | ay of employment lis | sted abo | ve. | | | | |
| Separating Employee Signature | | [| Date | Dept. Use Only | | | |
| As the Fiscal Officer, I understand that I am responsible for | or the return of all ite | ms listed | I above. Acc | cess revoked by: | | | |
| Fiscal Officer Signature | | | Dat | te revoked: | | | |
| r iscai Officer Signature | | L | Jaic | | | | |