The University of Kentucky Hospital  Employee Exit Checklist						
Date						
Employee Nan	ne D	epartment Name	9			
Reason for Se						
integrity of cor the Hospital s COBRA benef	that supervisors and employees complete all necessary inputing systems, financial records, patient confidentiality hould contact the Benefits office regarding their rights, fit continuation, and other fringe benefits). Additionally, experty issued to them and to settle all outstanding account	<ul> <li>and HIPAA co responsibilities, employees who I</li> </ul>	mpliance. Employees who terminate employment wit and benefits (the latter may include leave payments			
	<u>Directions</u> : This checklist should be completed prior to completes Section I. 2) Employee submits completed consulting Reference List on p. 2, and retains original for department should retain the employee's file for five you in the employee's permanent file should be copied and	form to manager orm in departmen ears. Any pertine	r. 3) Department completes Section II, atal employee file. ( <u>Please note</u> that the ent information that should be included			
	Section I: Employee Responsibilities theck $()$ when complete or indicate N/A	Section II:	Department Responsibilities Check ( $$ ) when complete or indicate N/A			
Complete   N/A   Complete	Submit written notice of termination to department, including update of new address for W-2 purposes.  Delete employee-specific telephone voice mail	Complete □ N/A □	Schedule an exit interview with Human Resources Employee Representative for Clinical Enterprise to review procedures, processes, and forms for termination.			
N/A   Complete   N/A	(message) before last day of work.  Pay outstanding debts to appropriate University/Hospital units including tuition expenses, health center fees, parking tickets, etc.	Complete □ N/A □				
Complete   N/A	Return all University/Hospital equipment and supplies to your department representative or other appropriate Hospital representative: complete Clearance Form on p. 2 and obtain appropriate signatures.	Complete   N/A	Ensure termination of employee's access to computer systems, including specific departmental systems, email accounts, accounting, budget, and payroll/personnel systems, etc.: consult Clearance Form on p. 2.			
Complete  N/A	Return all Medical Center/University Libraries material and reconcile outstanding fines and fees.	Complete □ N/A □	Remove employee's name from authorized signature lists, including payroll distribution, payroll voucher, checking accounts, various security rosters, etc.: consult Clearance Form on p. 2.			
Complete □ N/A □	Return parking tag to Parking & Transportation Services for reconciliation and closing of parking accounts.	Complete DN/A D	Remove employee from all email distribution lists and directories (on-line web page, phone book).			
Complete □ N/A □	Contact Employee Benefits (257-9519) or visit the HR Website at <a href="https://www.uky.edu/HR/">www.uky.edu/HR/</a> for insurance termination date, retirement information, etc.	Complete □ N/A □	Change VMX code to department and submit requisition to delete long distance access code; redistribute pager and/or cell phone within dept.			
Complete  N/A	Remove all personal items from office and any other work space in a timely manner.	Complete □ N/A □	Prepare and submit UK Employee Separation Sheet ( <u>www.uky.edu</u> "Forms" page), indicating employee's forwarding address for W-2 purposes.			
Employee Comn	nents.	Complete DN/A D	Verify payroll annual leave and sick leave balances; verify repayment of salary overpayments.			
		Complete DN/A D	Forward the employee's current evaluation and Separation Sheet to the Compensation department in Human Resources.			
		Complete □ N/A □	Verify that all the employee's personal items have been removed from the office and any other work space.			
		Department I	Representative Comments:			

Date

Separating employee's signature

Department representative's signature Date

## University of Kentucky Hospital Separation Clearance Reference List

EMPLOYEE NAME AND SSN	DEPARTMENT #	POSITION #
CURRENT ADDRESS	DEPARTMENT NAME	LAST DAY WORKED

[ ] [ ] [ ] [ ] [ ]	Uniforms Office and home computers, laptop computer, printer PDA (IPAQ, Palm Pilot, etc.) Telephone calling card Audiovisual equipment, camera, other Office equipment/cabinet keys UK reference materials (books, handbooks, slides, etc.) Access to departmental computer systems terminated (Server Access, Database Access, etc.) Access to Campus computer systems terminated (HRS/FRS, COS, OES, etc.)
SEC [ ] [ ]	URITY (323-6946) Hospital ID Badge Building and office keys (for return of cash deposit)
PAR [ ]	KING AND TRANSPORTATION SERVICES (257-5757) Parking tag or sticker
[ ] [ ]	S SUPPORT CENTER (323-8586) 4-digit Hospital pager All email accounts terminated (U-Connect, Exchange Accounts) Access to Medical Center computer systems terminated (PA, PC, PM, XA, SCV, etc.) Remote access terminated (VPN, Dial-up, etc.)
[ ]	MMUNICATIONS AND NETWORK SYSTEMS – CNS (323-7000) 7-digit (long-distance) pager 1-800 pager Cell phone
[]	NCE Pro-Card Name removed from all accounts (e.g., ledger sheets, regular reports received, etc.)
[ ]	ARIES  Medical Center Library  University Libraries