

SEPARATING EMPLOYEE CLEARANCE FORM

Includes employees on leave of absence without pay for 6 months or 1 semester

This form is NOT for continuing FERP or Staff/Faculty reappointed to the same position

Employee's Name		Separation/Leave of Absence Date	
HSU Employee ID#		Non-HSU Phone	
Department		Position	

INSTRUCTIONS

Please complete either Section A or Section B of Step 1, then complete Steps 2 and 3 on next page.

Note: If completing Section B, you should call Facilities Management 24 hours in advance.

STEP 1

SECTION A

To be completed by the **DEPARTMENT CHAIR or DIRECTOR** *only* in cases where no property has been issued or debt incurred.

Signature certifies that no debt has been incurred or property issued to the employee, and the Department accepts financial responsibility for any lost items.

If items have been issued to the employee (e.g., HSU ID card, keys, library books, media equipment, etc.), **do not** use this section.

Signature		Date	
-----------	--	------	--

- OR -

SECTION B

CALL OR EMAIL

To be completed by **EMPLOYEE, DEPARTMENT COORDINATOR or CHAIR/DIRECTOR**

Call each department listed below for clearance/information.

Your Department

Return: Equipment (if applicable)	Person Contacted/Verified by	
Complete: Final Absence Report	Date Contacted	
	Confirmation #	

Information Technology Services

Complete: Online Exiting Employee Form (its.humboldt.edu/exit)	Date Exit Form Completed	
Call 826-4200 24 hours in advance to make an appointment to return all media/tech equipment (if applicable)	Person Contacted/Verified by	
	Date Contacted	

Email Human Resources: hsuhr@Humboldt.edu - email 24 hours in advance

Discuss: Retirement contribution (if applicable)	Person Contacted/Verified by	
Return: Training materials/*Address change	Date Contacted	
*If your address changes, we will need an EAR to ensure delivery of W-2.		

Email Facilities Management: fmkeys@Humboldt.edu - email 24 hours in advance

Verify: Issued University keys	Person Contacted/Verified by	
	Date Contacted	

Completed by

Name	Signature	Date

continue on next page ►

STEP 2

PAYROLL DEPARTURE INFORMATION

Employee's Name		Non-HSU Phone	
-----------------	--	---------------	--

DESTINATION – Please check one option to indicate your intended destination upon leaving H.S.U.

Another CSU Campus*	Graduate Study*
University of California*	Elementary or secondary education
California private institution*	Industry or private practice
California junior college*	Research or service agency
Other U.S. public institution*	Government
Other U.S. private institution*	Other
Foreign institution*	Unknown

*Name of Institution	Campus Location - City and State

DISPOSITION OF FINAL PAY WARRANT

Currently enrolled in Automatic Bank Deposit Program – deposit my final warrant in the bank as usual.
To Cashier's Office SBS 2nd Floor (Tues, Thurs & Fri 10am-3pm)
Mail Warrant/Statement of Earnings to address indicated below:

Street Address		
City	State	Zip
Signature		Date

STEP 3

WALK

To be completed by **EMPLOYEE**

You must obtain clearance by returning this form to the below location.
Clear outstanding financial obligations: Accounts Receivable, Travel Advance/Claims, Salary Advance, Moving Expense Reimbursement.

Parking Kiosk (Tuesday, Thursday & Friday 10am-3pm)

Return: This form, Employee ID, keys, parking permit, ProCards and Travel Cards	Authorized Signature	
	Date Contacted	
<input type="checkbox"/> Corporate card/ProCard obtained <input type="checkbox"/> Parking - Payroll deduction <input type="checkbox"/> Parking - no deduction <input type="checkbox"/> Cleared w/Cashiers	Date Received	
	Financial Services Authorized Signature	
	Date Approved	
	<input type="checkbox"/> Unable to Process Initials	