



# SPONSORED PROGRAMS FOUNDATION

## Separating Employee Clearance Form

Employee's Name: \_\_\_\_\_ Project(s) Name: \_\_\_\_\_

Separation Date: \_\_\_\_\_ Project(s) Number: \_\_\_\_\_ Position: \_\_\_\_\_

HSU Employee ID Number \_\_\_\_\_ PI Name or Project Director : \_\_\_\_\_

Reason for Separation:  Voluntary Separation/Resignation  Involuntary Separation/Termination State Reason: \_\_\_\_\_

The form is organized in four different sections. To complete the process, an employee/supervisor must submit this form completed with one of the following options:

Complete Sections 1, 2, and 4
 -OR-
 Complete Sections 3 and 4

**1. Section One can be completed by either the *Employee, Principal Investigator (PI), or Supervisor*. Please call each office listed below to verify clearance information for the following items:**

Campus Location	Verify these Items (If Applicable)	Person(s) Contacted/Verified By	Date
Employee's Department	a. All equipment returned		
Email <a href="mailto:operations@humboldt.edu">operations@humboldt.edu</a>	a. Remove from Online Directory/Phone Services		
Complete Online Exiting Employee Form ( <a href="https://hsu.humboldt.edu/exit">its.humboldt.edu/exit</a> )	a. E-mail account closed <b>OR</b> E-mail account remains open b. Access Request Form (ARF) remove access (through MyHumboldt account)		
Human Resources 826-5171	a. Retirement Contributions discussed with employee <b>OR</b> The employee did not accrue retirement benefits b. Update W-4 if Address is Changing - submit form to SPF (SBS 427)		
Tech/Equip. Checkout 826-4200	a. Return all media equipment checked out		

**Section 1 Completed By:** \_\_\_\_\_

**2. Section Two to be completed by the *Employee*. You must verify clearance information *by walking this form to the following HSU locations*:**

Campus Location	Verify these Items (If Applicable)	Authorized Signature	Date
HSU Plant Operations 826-3646 <b>(Call 24 hrs. in advance)</b>	a. Return ALL university keys related to this project		

**3. Section Three to be completed by either the *Principal Investigator (PI), or Supervisor*. Please sign below to verify that no debt is outstanding (advances/reimbursement claims) and **all property issued to** this employee (keys, equipment, cards) has been returned.**

**Section 3 Completed By:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**4. Section Four to be completed by either the *Employee, Principal Investigator (PI), or Supervisor*. All items below to be verified at Financial Services - SBS 345 (Call 826-3512)**

RETURN these items	CLEAR Outstanding Financial Items
Parking Permit/Decal	HSU Cashiers
ProCard Credit Card	Travel Advance/Claims

**Section 4 Completed By:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_