# Employee Separation Checklist

*Campus staff are encouraged to use the **Offboarding Checklist & Exit Survey** module. This document may be used for reference.*

| EMPLOYEE NAME | EMPLOYEE ID |
|---|---|
|  |  |
| DEPARTMENT | BLAZER ID |
|  |  |

| HAVE YOU COMPLETED THE FOLLOWING SEPARATION TASKS... | | EMPLOYEE | |
|---|---|---|---|
| | | INITIALS | DATE |
| Completed the online **Employment Experience Survey** | ☐ Yes ☐ No | | |
| Reviewed the **Notice of Availability of Unemployment Compensation** | ☐ Yes ☐ No | | |
| Contacted the Benefits Office (205-934-3458) regarding Teacher's Retirement, insurance, etc. | ☐ Yes ☐ No | | |
| Returned your employee ID badge to your department | ☐ Yes ☐ No | | |
| Returned all UAB property (keys, computer/IT equipment, phone/pager, any other UAB property) to your department | ☐ Yes ☐ Not applicable | | |
| Returned your parking permit to Transportation Services (205-934-3513 or **uab.edu/transportation**) | ☐ Yes ☐ Not applicable | | |
| Confirmed that HR Records (934-4408) has your forwarding address on file | ☐ Yes ☐ Not applicable | | |
| Communicated and worked with your supervisor/chair to ensure your work assignments are managed properly prior to and upon your departure | ☐ Yes ☐ Not applicable | | |
| Forwarded any incoming phones messages to the appropriate department representative | ☐ Yes ☐ Not applicable | | |
| Placed an "Out of Office" response on your UAB email account containing contact information for your department | ☐ Yes ☐ Not applicable | | |
| Contacted Environmental Health & Safety regarding the handling of controlled materials such chemicals, lasers, radiation, biohazards | ☐ Yes ☐ Not applicable | | |
| Contacted the Research Foundation to review research agreements, patents, intellectual property agreements, etc. | ☐ Yes ☐ Not applicable | | |
| Submitted any requests for benefit time for reporting in eLAS | ☐ Yes ☐ Not applicable | | |
| Submitted travel expense receipts and/or reports | ☐ Yes ☐ Not applicable | | |

**My signature below certifies that all separation requirements have been satisfied.**

| EMPLOYEE SIGNATURE | EMPLOYEE NAME, PRINTED | DATE |
|---|---|---|
|  |  |  |

UAB HUMAN RESOURCES
The University of Alabama at Birmingham

**A copy of this completed form should be submitted to the supervisor for the employee's personnel file.**

*Employee Separation Checklist updated January 2025*