UNBC UNIVERSITY OF
NORTHERN BRITISH COLUMBIA

EXIT CHECKLIST FOR STAFF LEAVING THE UNIVERSITY

Instructions:
1. Staff member: Please complete and return to Human Resources department on your final day.

Member Name: _____

ITS – Information Technology Services (Admin Bldg)
List your system access to be removed from system records:
    Log-on ID_____
- □ Equipment returned
- □ Electronic mail messages deleted except where content is crucial to University work, in which case they should be directed to Program Chair/Supervisor
- □ Cell phone. Number _____
- □ Blackberry. Number _____
- □ University assets /software returned
    - □ Computer
    - □ Printer
    - □ Monitor
- □ Other – please list _____

_____   _____
Signature – Information Technology Services   **Date**

Facilities
- □ Room keys and access devices signed off and returned to Facilities

_____   _____
Signature – Facilities   **Date**

Parking Services (7-208 Agora)
- □ Parking pass cancelled
- □ Parking fines paid in full

_____   _____
Signature – Parking Services   **Date**

Purchasing
- □ Other equipment returned to inventory
- □ Mastercard statement and/or all outstanding receipts submitted
- □ Mastercard returned

_____   _____
Signature – Purchasing   **Date**

Finance
- □ Monies owed paid in full (e.g. PD, travel advance)
- □ Credit card returned
- □ UNBC ID card returned
- □ Overtime bank, time in lieu if applicable

_____   _____
Signature – Finance   **Date**

Library
- □ Books on loan returned
- □ Charges paid in full

_____ _____
Signature – Library   **Date**

EMS – Educational Media Services
- □ Equipment returned
- □ Charges paid in full

_____ _____
Signature – EMS   **Date**

Employee
- □ Remove personal files stored on PC
- □ Remove personal items from your office
- □ Copy card(s) to Program Chair/Supervisor
- □ Keys to filing cabinets, desks, cupboards, etc returned to Program Chair/Supervisor
- □ Change Voicemail message on your phone

I will cease employment with the University of Northern British Columbia on _____ and I declare that I have completed the activities outline in the Exit Checklist.

_____ _____
Signature – Employee   **Date**

_____ _____
Signature – Program Chair/Supervisor   **Date**

Human Resources - Administration
- □ Tuition Waiver cancelled
- □ Benefits/Pension: If applicable, Sun Life will mail a package regarding benefits/pension conversion options.
- □ Vacation audit to payroll
- □ Departure notice sent
- □ Relocation expenses owing to be paid in full
- □ Provide forwarding address to Human Resources, if applicable
- □ Other information

_____ _____
Signature – Human Resources   **Date**
        Return this form to the Human Resources Department for inclusion in personal file.