

You must complete the following activities to ensure that your departure from NRCC is made as smoothly as possible and that we will have the information necessary for future contacts with you, yet at the same time, clear your record in respect to college property. Failure to submit this completed form could result in a delay with your final paycheck. Any personal records, books, or materials should be boxed up and taken with you by the date of your departure from the college.

IT IS THE EMPLOYEE'S RESPONSIBILITY TO HAVE FORM COMPLETED PRIOR TO THEIR LAST DAY WORKED.

I, _____ (print name), certify that I have returned all College equipment and materials and that my last day of employment at New River Community College is _____.

Employee's Signature: _____ Date: _____

Forwarding Address: _____

Personal Email Address: _____

SUPERVISOR

- 1) Resignation Letter Received & Forwarded to HR
- 2) Office Equipment Returned (Send to IT)
- 3) Keys Returned (Send to Facilities)
- 4) Final Timesheet Entered (if applicable)
- 5) Final Absence Requests Entered (if applicable)
- 6) Other: _____

Supervisor

BUSINESS/FINANCE

- 1) Credit Cards Returned/Closed
- 2) Debts Settled with Employee
- 3) Educational Aid Finalized
- 4) Travel Reimbursements Finalized
- 5) Other: _____

Vice President for Finance &
Administrative Services

HUMAN RESOURCES

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | 1) Final Timesheet Approved | <input type="checkbox"/> |
| <input type="checkbox"/> | 2) Final Absence Requests Approved | <input type="checkbox"/> |
| <input type="checkbox"/> | 3) Exit Interview Conducted | <input type="checkbox"/> |
| <input type="checkbox"/> | 4) Terminate from HCM/Cardinal | <input type="checkbox"/> |
| <input type="checkbox"/> | 5) Send IT an e-mail to terminate access and disable e-mail as of: _____. | <input type="checkbox"/> |
| <input type="checkbox"/> | 6) Other: _____ | <input type="checkbox"/> |

Human Resources Manager

INFORMATION TECHNOLOGY

- | | | |
|--------------------------|------------------------------|--------------------------|
| <input type="checkbox"/> | 1) Equipment Returned: _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | 2) Terminate Access: _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | 3) Disable email: _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | 4) Other: _____ | <input type="checkbox"/> |

Information Technology Manager