IMPERIAL VALLEY COLLEGE
Employee Check-Out Process Form

Name: _____   **Division/Department:** _____

All employees of the District are requested to complete this clearance & check-out process before separation from IVC. Appropriate staff, supervisor or administrator will initial sections as indicated.

FORWARDING ADDRESS

Name _____

Street Address _____ City_____ State _____ Zip _____

PLEASE INITIAL

1. **INSTRUCTION OFFICE (FACULTY ONLY) – Bldg. #10 (Contact: Adm. Assistant/ Inst. Support Tech)**
   Grades submitted…………………………………………………………………………………………………   _____

2. **BUSINESS SERVICES – Bldg. #10 (Contact: Payroll Coordinator)**
   Cancel Direct Deposit………………………………………………………………………………………   _____
   Forwarding Address (W-2, etc.)………………………………………………………………………   _____
   Clearance of outstanding obligations (computer buy program, etc)……………………………… …….   _____

3. **INFORMATION SYSTEMS – Bldg. #900 (Contact: Communication Sys Spec)**
   Close e-mail, user accounts and home directory…………………………………………………………   _____
   Retirees may request to keep e-mail   **[ ] Keep E-mail   [ ] Cancel E-mail**

4. **LIBRARY & LEARNING SERVICES – Bldg. #1500 (Contact: Adm. Secretary)**
   Clearance of all library & learning services materials (books, media, etc.)……………………..…………..   _____

5. **MAINTENANCE – Bldg. #1800 (Contact: Staff Secretary)**
   Return of all keys issued………………………………………………………………………………………   _____

6. **PURCHASING – Bldg. #1800 (Contact: Purchasing/ Receiving Coord.)**
   Clearance of all District issued equipment (gas/ credit cards, etc)………………………………………   _____

7. **PRESIDENTS OFFICE (ADMINISTRATORS ONLY) – Bldg. #10 (Contact: President's Exec. Assistant)**
   Exit remarks……………………………………………………………………………………………………..   _____

When the above items have been signed off by the appropriate departments please deliver this form personally to the Human Resources Office for further check out & verification of completion of the check-out process.

7. **HUMAN RESOURCES – Bldg. #2400**
   All Timesheets, Weekly Absence Reports, Monthly Absence Reports Submitted……………………………   _____
   Information regarding benefits: Insurance Ending Date_____   COBRA: **[ ]Yes [ ]No**   _____
   Instruction on Pay Warrant: **[ ] Mail   [ ] Hold**
   Received information regarding benefits (CAL STRS, CAL PERS, etc)……………………….......…………   _____
   Notice of Termination of Services………………………………………………………………………………   _____

EMPLOYEE SIGNATURE: _____   **DATE:** _____

*******************   **FOR HUMAN RESOURCES USE ONLY**   *******************

DATE OF HIRE: _____   LAST DAY WORKED: _____   SEPERATION DATE: _____   TOTAL VAC/ COMP ACCRUED**:** _____