

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 _____ Phone #: _____ (Personal) Email: _____

Street Address _____ City _____ State _____ Zip _____

PLEASE INITIAL

1. **INSTRUCTION OFFICE (FACULTY ONLY) – Bldg. #10 (Contact: Adm. Assistant/ Inst. Support Tech)**
 Grades submitted..... _____
2. **INFORMATION SYSTEMS – Bldg. #900 (Contact: Administrative Assistant)**
 Close e-mail, user accounts and home directory..... _____
 Retirees may request to be set up on retiree email list.
 Requesting to have personal email added to retiree email list: Yes No
3. **LIBRARY & LEARNING SERVICES – Bldg. #1500 (Contact: Circulation Desk Personnel)**
 Clearance of all library & learning services materials (books, media, etc.)..... _____
4. **MAINTENANCE – Bldg. #1800 (Contact: Staff Secretary)**
 Return all keys issued..... _____
5. **PURCHASING – Bldg. #1800 (Contact: Purchasing/Receiving Coordinator)**
 Clearance of all District issued equipment (gas cards, etc.) _____
6. **BUSINESS – Bldg. #10 (Contact: Director of Fiscal Services)** Clearance of District issued travel
 Credit card. _____
7. **PRESIDENTS OFFICE (ADMINISTRATORS ONLY) – Bldg. #10 (Contact: President’s Exec. Assistant)**
 Exit remarks, form 700 _____

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.

8. **HUMAN RESOURCES – Bldg. #2400 (Contact: HR Analyst)**
 All Timesheets, Weekly Absence Reports, Monthly Absence Reports Submitted..... _____
 Notice of Termination of Services..... _____
 (Contact: HR Specialist)
 Info regarding benefits: Ins. Ending Date _____ Lifetime Benefits _____ COBRA: Yes No
 Lifetime benefits retirees over 65-must enroll with Medicare Part A and B; Must then submit
 copy of Medicare Card to the Human Resources Office _____
 (Contact: Payroll Coordinator)
 Cancel Direct Deposit Yes No Effective Date _____
 Instruction on Pay Warrant: Mail Hold _____
 Forwarding Address (W-2, etc.)..... _____
 Payroll Deductions..... _____

EMPLOYEE SIGNATURE: _____ DATE: _____

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

DATE OF HIRE: _____ LAST DAY WORKED: _____ RESIGNATION DATE: _____ TOTAL VAC/COMP ACCRUED: _____
 (or Layoff Effective)