

Northeastern State University  
**EMPLOYEE CHECK-OUT FORM**

NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

POSITION \_\_\_\_\_ TERMINATION DATE \_\_\_\_\_

HIRE DATE \_\_\_\_\_  
(If before July, 1987, and OTRS member for 10 years, process SRA calculation)

**RETURN OF UNIVERSITY PROPERTY:**

_____ Keys	_____ Uniforms
_____ ID Card	_____ Credit Card
_____ Parking Permit	_____ Cell-phone
_____ Laptop	_____ Library Materials
_____ Other _____	

Comments: \_\_\_\_\_

**EMPLOYEE INDEBTEDNESS:**

No  Yes Closed all university accounts  
Comments: \_\_\_\_\_

**CHANGE OF ADDRESS:**

No  Yes If yes, complete change of address form.

**FINAL PAY**

\_\_\_\_\_ **Final Timesheet/Leave requests** completed and submitted to supervisor  
\_\_\_\_\_ **Vacation Pay:** Will receive earned, unused vacation. Vacation may be issued in a separate check the following payday after the final paycheck is received.  
\_\_\_\_\_ **Flexible Spending Account**

**RETIREMENT**

\_\_\_\_\_ **Participated** \_\_\_\_\_ **Years of Service**

If yes, telephone 877/738-6365 for withdrawal options. Withdrawals require 3 - 4 months.  
(TIAA-CREF member, telephone 800/842-2733 for withdrawal options. Withdrawals require 2 - 3 months.)

**COBRA**  
**GROUP MEDICAL INSURANCE:**  
**LIFE INSURANCE**

I certify that I have returned all institutional property, have settled any outstanding financial indebtedness, and that I have removed parking permit from my vehicle. I understand that any items/fees unaccounted for after my departure will be submitted to the Accounts Receivable Office for collection.

\_\_\_\_\_  
Employee Signature Date