

**UNIVERSITY OF LOUISIANA AT LAFAYETTE
SEPARATION CLEARANCE FORM**

Name _____ Social Security Number _____

Department _____ Position _____

Forwarding Address: _____ Is this a new address? Yes _____ No _____

Street/P.O. Box _____

City _____ State _____ ZIP _____

Reason for Status Change: Resignation Retirement Other

Date of Separation: ____/____/____

Visit each department listed below to have the proper person in that department verify/sign that all transactions with them have been completed and all accounts closed. If you do not have an account or property with a department then circle the N/A box, except sections G, I & N are MANDATORY visitations.

A. **Dupre Library** - Reference books and materials returned. **Yes N/A**
Signature _____
Date _____

F. **UL Lafayette Federal Credit Union** - Arrangements have been made for all existing loans. **Yes N/A**
Signature _____
Date _____

K. **Parking Office** - UL Lafayette parking permit cancelled-sticker returned. **Yes N/A**
Signature _____
Date _____

B. **University Post Office** - P.O. box key has been turned in; forwarding address on file. **Yes N/A**
Signature _____
Date _____

G. **Administrative Services Cashier** - All accounts have been cleared. **Yes**
Signature _____
Date _____

L. **Purchasing Office** - LaCarte Procurement (VISA) card returned. Any receipts, log and statements turned in. **Yes N/A**
Signature _____
Date _____

C. **Facility Management Department** - All University keys have been returned. **Yes N/A**
Signature _____
Date _____

H. **Purchasing** - Bank of America VISA Travel Card returned. **Yes N/A**
Signature _____
Date _____

M. **Sponsored Programs Finance Administration and Compliance** - All sponsored projects completed. **Yes N/A**
Signature _____
Date _____

D. **Information Networks** - All telephone credit cards and pagers returned to Dupre Library Rm 302 and cancelled. **Yes N/A**
Signature _____
Date _____

I. **Human Resources** - Benefits, Insurance and other HR matters have been discussed and revised. **Yes**
Signature _____
Date _____

N. **Employee's Department Head** - Accounted for all departmental equipment assigned; grades have been turned in; and copies of "I" given to department head; other departmental matters are in order. **Yes**
Signature _____
Date _____

E. **University Bookstore** - Accounts have been cleared. **Yes N/A**
Signature _____
Date _____

J. **ID** - UL Lafayette Identification card returned. **Yes N/A**
Signature _____
Date _____

YOUR FINAL PAYCHECK MAY BE HELD UNTIL THIS FORM IS COMPLETED. WHEN ENTIRE FORM HAS BEEN COMPLETED, RETURN TO YOUR HOME DEPARTMENT. THE DEPARTMENT HEAD WILL SEND THE COMPLETED FORM TO THE UNIVERSITY ADMINISTRATIVE SERVICES OFFICE, ATTENTION: PAYROLL.

I certify that I have no unpaid University bills, and that I have returned all university property as indicated above, and that I have removed the campus parking permit from my vehicle(s).

Signature of Employee _____

Date _____