

**EMPLOYMENT EXIT PROCESS  
CHADRON STATE COLLEGE**

Employee Name:	Today's Date:
Title:	Last Day Worked:
Supervisor:	Department:
Forwarding Address:	Cell Phone Number:
Email Address:	

**Please contact each location that applies and have an authorized employee in that area sign and date the form.**

Item	Location	Comments	Authorized Signature	Date
Keys # _____ # _____ # _____	<b>Bring all keys to Physical Facilities Maintenance 115</b>			
Inventory	Inventory Clerk Sparks Hall			
Purchasing Card	Budget Director Sparks Hall 011			
Social Media Accounts	Supervisor			
Billing Statements	Business Office Crites Hall 116			
Library Materials	Library Main Desk			
Information Technology (Equipment Return, Email)	Information Technology Services Miller Hall 115			
CSC ID Card	Attach to form			
Foundation Contributions	Foundation Sparks Hall 204			
SAP/NIS Access	Human Resources			
W-2 Address (above)	Human Resources			
Medical Insurance COBRA Benefits	Human Resources			
Life Insurance	Human Resources			
Vision Insurance	Human Resources			
Flex 125 - ASI	Human Resources			
Retirement TIAA-CREF	Human Resources			
Leave Balances	Human Resources			
Leave Reports	Human Resources			
Other Deductions	Human Resources			
Final Paycheck	Human Resources			

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

\_\_\_\_\_  
Date

**Please return completed form to Human Resources**