

SEPARATING EMPLOYEE CLEARANCE FORM

Employee Name:		NetID:
Forwarding Address: Please attach a completed EAR .		Are you a current Fee Waiver participant? Yes No
Employee Status: *Faculty	Staff:	FERP: Student:
*If the faculty member is awarded Emeritus status, the Department must notify the Library, ITS and Facilities of the Emeritus status so that the library, computer, e-mail, and key access are maintained.		
Type of Separation: Resignation	Retirement:	Other:
Department:	Last Date Worked:	Termination Date:

Department Clearance - This Section Completed By: _____ **on Date:** _____

Ensure all planned leave has been reported and approved via self-service		Date:
ITS & Telecommunications (Initiate Service Desk Ticket at https://csueastbay.service-now.com/sp)	Help Desk Ticket Number:	Date:
Library Clearance (x5-3612)	Name of Person Contacted:	Date:
BayCard (email notification to baycard@csueastbay.edu)	Acknowledgement received on:	Date:
Department Property Returned? Yes No	EFAF/ESAF initiated? Yes	Date:
Signature: _____	Date: _____	

University Clearance - Employee must visit the University offices to obtain appropriate signatures before going to Human Resources (SA 2600)

Keys - All University keys must be returned to DOFM on or before the last day of work. Employees may be permitted to retain a key if (1) the key is not a master key and (2) they have obtained authorization from an approving official granting a key waiver.

Keys - Section A: Completed by DOFM, if employee has returned their key(s)

Keys - Section B: Completed by approving official, if granting key waiver

Keys - Section A	DOFM Signature:	Date:
Keys - Section B	Approving Official Signature:	Date:
Cashier Parking Permit	Cashier Signature:	Date:
Procurement & Accounts Payable	Signature of Procurement/AP designee:	Date:
Procurement Card(s) returned? Yes No		
Are you a P-Card Authorized Official? Yes No		
Is there a Travel Advance balance? Yes No		

Are you a part of the Campus Employee Medical Monitoring Program? Yes / No (if no, no action req.)		
If yes, please call EHS (x5-4139)	Name of Person Contacted:	Date:

Are you required to fill our Form 700, Conflict of Interest? Yes (if yes, see next 2 rows) / No (if no, no action req.)		
If you are a Designated Employee, please contact Nyassa Love, x5-2743		Date:
If you are not a Designated Employee, please contact Rowena Rili, x5-3637		Date:

Human Resources Clearance - Please complete all sections above before coming to Human Resources

I.D. Returned? Yes No	COBRA Election Form? Yes No	PERS Form 687? Yes No	PST/DC Retirement Plan? Yes No
Voluntary Life? Yes No	LTD/LIFE (Employer Paid)? Yes No	Long Term Care? Yes No	Health Care Reimb. Acct.? Yes No

***Employees are reminded of their ongoing legal responsibility for maintaining the security of protected data.**

If you're a current RAW member, please ensure you've cancelled your membership by visiting the RAW Center.

Employee Signature and Date

Human Resources Signature and Date