**DATE:**

**TO:**

**DEPARTMENT:**

**FROM: Office of Faculty Affairs**

**SUBJECT: Faculty Separation/Clearance Information**

Since you will be leaving the University soon, we are sending this form for your completion. The reverse side of this form is to be completed by designated campus personnel; directions on reverse. Please refer to the items checked below. You are also reminded of your ongoing legal responsibility for maintaining the security and confidentiality of protected data (both electronic and hard copy) that you had access to while at the University (i.e. what you agreed to when you completed the Information Access Request form**).** If you have any questions, please contact the Office of Faculty Affairs at (209) 667-3392.

* x

**CLEARANCE: THE EMPLOYEE IDENTIFIED ABOVE IS RESPONSIBLE FOR COMPLETION OF THIS CLEARANCE FORM PRIOR TO HIS/HER LAST DAY OF EMPLOYMENT.** If there are items on the reverse side of this form that cannot be cleared for some reason, please discuss the situation with a representative in the Office of Faculty Affairs. PLEASE SEE REVERSE SIDE FOR APPROPRIATE DEPARTMENTAL CLEARANCES.

**RETIREMENT:** You may elect to (1) have a refund of your contributions plus interest, or   
(2) leave your funds on deposit with the system. **Forms are available in the Office of Faculty Affairs if you elect a refund.** If left on deposit, these funds will continue to earn interest and may be withdrawn at a later date. Please read the information on the appropriate form(s) available in the Office of Faculty Affairs, before making your decision. If you have questions regarding your refund, please contact the retirement system checked below:

**CalPERS** - Refund Section, P.O. Box 942711, Sacramento, CA 94229-2711 Phone (888) 225-7377 *(Separation/Disposition of CalPERS Contributions form available upon request)*

**PST Retirement Plan** - Department of Personnel Administration, Savings Plus Program, 1800 15th Street, Sacramento, CA 95814-6614 Phone (866) 566-4777 (8:30 a.m. to 4:00 p.m. Monday thru Friday)

**HEALTH**

**INSURANCE:** If currently enrolled in a CalPERS sponsored health insurance plan, you may be eligible to enroll in a “Group Continuation Plan” (COBRA) with your current provider. **You must contact the Benefits Coordinator located in the Office of Faculty Affairs Employee Relations at (209) 664-6730 in order to apply for this coverage.**

If you wish to continue any other voluntary insurance plans, memberships, etc., that are currently being payroll deducted, you must contact the appropriate organization regarding conversion privileges.

***NOTE: If you are reappointed at CSUS, you must contact the Benefits Coordinator at (209) 664-6730 within 60 days of new appointment date to re-enroll in insurance plans.***

**EMPLOYEE NAME:** **LAST DAY WORKED:**

**CMS ID# PAY END DATE**:



**INSTRUCTIONS:** Under provisions in the State Administration Manual, Section 8580.4, separating employees are required to submit a completed general “check-out” list prior to their last day of employment. On this side of the form, signatures are required from a designated individual in each area listed below. Items marked N/A and initialed by Faculty Affairs personnel need not be cleared.

|  |  |  |
| --- | --- | --- |
| **AREA/OFFICE** | **ITEMS TO CLEAR** | **PRINT NAME & SIGN** |
| **Department/Office** | •Office Cleared  •Signature Authority Cancelled  •Notify OIT to close e-mail, and Banner/CMS accounts | 1) Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Information Technology**  Library Bldg. – Suite 150 | •Media Equipment Returned  •Computer Equipment Returned  •E-mail Account closed  • Banner/CMS Accounts closed *(if applicable)* | 1) Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Facilities Services**  Customer Service Center – *CY600* | •Building/Office Keys Returned  •Desk Keys Returned  **\*This requirement can only be waived by written approval of Public Safety** | 1) Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **University Police Department**  Campus Services Building | •Parking Deduction/Refund  •Return Parking Permit | 1) Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Admissions & Records**  MSR – Suite 120 | •Grade Record Completed  *(Faculty only)* | 1) Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Financial Services**  MSR – Suite 270 | •American Express Card Returned  •Travel Claims Completed  •State Property Returned *(if any)*  •University Pro Card Returned | 1) Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Payroll Office**  MSR – Suite 320 | •Designation of Final Pay Warrant completed  •Revolving Fund Advance Cleared  •Pay Warrant Issued  YES | 1) Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Office of Faculty Affairs**  MSR – Suite 340  ***\*REPORT HERE LAST\**** | •Fee Waiver  •Change of Address? (*See below)*  •Conflict of Interest filing  •Clearance Record Complete  •Separation/Disposition of Retirement Contributions | 1) Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CLEARANCE WAIVED**  ***May only be waived by authorized Faculty Affairs personnel***  Reappointed or 3-Yr Appt  Concurrent Active Position Other | | 1) Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Your final paycheck will be available for pickup in the Cashiers Office, MSR100. If you're a Direct Depositor, your final pay will automatically transfer to your selected financial institution. Your pay advice will be held in the Cashiers Office, MSR100, for pick-up.** If you prefer to have your final paycheck or pay advice mailed, please provide a stamped self-addressed envelope to the Payroll Office prior to your last day of employment. **As a reminder, if your mailing address has changed, please update your address via the Self-Service tab in the My CSUSTAN database or complete an Employee Action Request (EAR) form or and return it to the Human Resources Office, MSR320. The form is located on the HR website at:** [**www.csustan.edu/hr**](http://www.csustan.edu/hr) **or you may pick one up in the Human Resources Office.**



**Final Pay Warrant:** Mail to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code

**Employee Signature Required:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Separating Employee