



DEPARTMENT EMPLOYEE SEPARATION CHECKLIST

Date: _____ **Department Name:** _____

Name of Separating Employee: _____

Reason for Separation:

Transfer to another TSU dept.: _____ **No Longer Employed at TSU:** _____

Checklist:

_____ Office of Property Management contacted for current property list for employee

_____ All Property Off-Campus forms for employee checked and reconciled

_____ All applicable Missing/Stolen/Damaged Property forms completed

_____ All Property Transfer forms completed with new user/location information

Name of Person Completing Form:

_____ (Print) _____ (Signature)

Forward copies of all information to propertymanagement@tsu.edu and retain all original forms and notes in the department Property Binder.

Property Management Use Only:

Date Received: _____ **Date Processed and Verified:** _____

Date Banner and AMS Databases Updated: _____

Misc. Notes: _____

Processed by: _____