

# TERMINATION – SEPARATION CHECKLIST

## Faculty, Staff, and Graduate Assistants

### Oklahoma State University

The following checklists are provided to highlight the range of issues that may need to be addressed when someone terminates his/her OSU employment (by resignation, involuntary termination, retirement, or reaching appointment end-date) or otherwise separates from a department (by transfer, layoff, extended leave of absence, or graduation). All items may not apply to a given individual. The employee's department is responsible for completion and distribution of this form as specified in Section IV.

Section I – Employee Actions must be completed by all separating employees. Items requiring resolution should be discussed. Contacts are listed for topics that require special assistance.

Section II – If the separating employee is involved in research, Section II must be completed.

Section III – To be completed by the department.

Section IV – Distribute form to appropriate offices, as specified.

## SECTION I -- EMPLOYEE ACTIONS

**To be completed by ALL separating employees and turned in to supervisor by last work day**

Name: \_\_\_\_\_ CWID: \_\_\_\_\_ Department: \_\_\_\_\_

| <b>PERSONAL</b>  |                          |                          |  |
|--|--------------------------|--------------------------|--|
|  | Done                     | N/A                      |  |
| 1.   | <input type="checkbox"/> | <input type="checkbox"/> | Remove personal items from work areas.   |
| 2.   | <input type="checkbox"/> | <input type="checkbox"/> | Provide forwarding address to your department through an updated Personal Information Form which will be sent to 106 Whitehurst for processing.                          |
| 3.   | <input type="checkbox"/> | <input type="checkbox"/> | International employees on H-1B visas should contact Office of International Students and Scholars to determine if there are other requirements related to their status. |
| Upon receipt of Separation EA Form, HR Employee Services, 405 744-5449, will send you a letter about termination/continuation of applicable benefit programs at your home address. |                          |                          |  |

| <b>UNIVERSITY PROPERTY RETURN</b> |                          |                          |  |                  |
|-----------------------------------|--------------------------|--------------------------|--|------------------|
|                                   | Done                     | N/A                      |  | Name of Receiver |
| 4.                                | <input type="checkbox"/> | <input type="checkbox"/> | Access Cards.  |                  |
| 5.                                | <input type="checkbox"/> | <input type="checkbox"/> | Keys (building, office, desk, files, vehicles, lockers, etc.).   |                  |
| 6.                                | <input type="checkbox"/> | <input type="checkbox"/> | ID card (except for official OSU retirees).<br>Suggest employee cut up in presence of supervisor or other official.  |                  |
| 7.                                | <input type="checkbox"/> | <input type="checkbox"/> | Telephone Cards.   |                  |
| 8.                                | <input type="checkbox"/> | <input type="checkbox"/> | Radioactive isotopes, Radiation Detection Badges, and radiation survey meters, etc.). (Return to Radiation Safety Officer. 744-8721)   |                  |
| 9.                                | <input type="checkbox"/> | <input type="checkbox"/> | Parking permit and Pike Pass to Parking & Transit<br>(OSU retirees who will need continued parking privileges should contact Parking & Transit for a retiree parking decal/hangtag). |                  |
| 10.                               | <input type="checkbox"/> | <input type="checkbox"/> | Computers/laptops/palm pilots or other peripheral equipment (e.g. printers, cameras) including software. (List items on separate page)   |                  |
| 11.                               | <input type="checkbox"/> | <input type="checkbox"/> | Cellular phones/pagers.  |                  |
| 12.                               | <input type="checkbox"/> | <input type="checkbox"/> | Uniforms/gear/tools/instruments/job accessories.   |                  |

|     |                          |                          |  |  |
|-----|--------------------------|--------------------------|--|--|
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Library books, audio/video materials, periodicals. |  |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Other equipment. (List items on separate page)     |  |

| <b>FINANCIAL ARRANGEMENTS</b> |                          |                          |  |                  |
|-------------------------------|--------------------------|--------------------------|--|------------------|
|                               | Done                     | N/A                      |  | Name of Receiver |
| 15.                           | <input type="checkbox"/> | <input type="checkbox"/> | Return credit cards and related receipts, and P-cards  |                  |
| 16.                           | <input type="checkbox"/> | <input type="checkbox"/> | Count, verify and turn over petty cash fund  |                  |
| 17.                           | <input type="checkbox"/> | <input type="checkbox"/> | Notify Office of Vice President for Administration and Finance to be taken off the filing list with the Ethics Commission (if applicable). |                  |

| <b>RECORDS DISPOSITION</b> |                          |                          |  |                  |
|----------------------------|--------------------------|--------------------------|--|------------------|
|                            | Done                     | N/A                      |  | Name of Receiver |
| 18.                        | <input type="checkbox"/> | <input type="checkbox"/> | Transfer research/data notebooks and radioisotope inventory records (furnish a copy, you retain original)  |                  |
| 19.                        | <input type="checkbox"/> | <input type="checkbox"/> | Transfer patient/client files to individual who will assume your caseload/clients care and/or service.   |                  |
| 20.                        | <input type="checkbox"/> | <input type="checkbox"/> | Retrieve any personal files/information on your office computer, office/department/lab server, central file space, etc.  |                  |
| 21.                        | <input type="checkbox"/> | <input type="checkbox"/> | Retrieve any personal email files, or files on the University email servers and systems, that you wish to retain.  |                  |
| 22.                        | <input type="checkbox"/> | <input type="checkbox"/> | Review position-related email with delegated person.   |                  |
| 23.                        | <input type="checkbox"/> | <input type="checkbox"/> | Relay (transfer, copy, etc.) any department or University data files, electronic documents and records, etc., stored on your office computer or in your personal server file spaces.   |                  |
| 24.                        | <input type="checkbox"/> | <input type="checkbox"/> | Transfer passwords or arrange for a unit administrator to be given the access needed to assure continued operations for any administrative database, software application, information system, etc., that is necessary for continued administration or operations. |                  |
| 25.                        | <input type="checkbox"/> | <input type="checkbox"/> | Remove any University owned/licensed software loaded/installed on a home computer.   |                  |

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IF YOU ARE INVOLVED IN RESEARCH ACTIVITIES  
CONTINUE TO SECTION II**

## SECTION II -- EMPLOYEE ACTIONS FOR RESEARCH ACTIVITIES

To be completed by separating employees involved in research activities and turned in to supervisor by last work day

| <b>SPONSORED PROJECTS (GRANTS, CONTRACTS, SPONSORED AGREEMENTS)</b> |                          |                          |  |
|---|--------------------------|--------------------------|--|
| Done  | N/A                      | Name of Receiver         |  |
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | Contact University Research Compliance that you are leaving the university and Grants and Contracts to notify the funding agency.                                    |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | Submit necessary reports to the funding agency.  |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Verify all orders for material (chemical, radiological, biological, etc.) have been received and proper paperwork submitted for handling and payment.                |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Appoint OSU faculty member to manage the project – or make arrangements for the project transfer to a new university (in instances where the project will continue). |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Process necessary Employment Action forms for students/post-docs/other employees funded on the project.  |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Return P-cards associated with the project to the department financial officer.  |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Notify the Director of University Research Services if an export license is involved.  |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | If you hold patents and/or copyrights, inform the Technology Development Center that you are leaving the university.   |

| <b>LABORATORY SPACE/RESEARCH EQUIPMENT</b> |                          |                          |  |
|--|--------------------------|--------------------------|--|
| Done                                       | N/A                      | Name of Receiver         |  |
| 9.   | <input type="checkbox"/> | <input type="checkbox"/> | Ensure that the laboratory and/or research equipment is in suitable condition for the next user of the space/equipment.      |
| 10.  | <input type="checkbox"/> | <input type="checkbox"/> | Return all keys to secured laboratories to the home department or to the OSU Key Shop, as appropriate.                       |
| 11.  | <input type="checkbox"/> | <input type="checkbox"/> | Return all equipment to the laboratory space (from home or other lab space).   |
| 12.  | <input type="checkbox"/> | <input type="checkbox"/> | Determine if any equipment will be transferred to a new university and comply with Policy 1-0106, 1-0116, 3-0125 and 3-0127. |
| 13.  | <input type="checkbox"/> | <input type="checkbox"/> | Provide supervisor with codes, combinations, or special entry procedures for any specialized research equipment or safes.    |

| <b>SUBJECT PROTOCOLS (IACUC &amp; IRB)</b> |                          |                          |   |
|--|--------------------------|--------------------------|---|
| Done                                       | N/A                      | Name of Receiver         |   |
| 14.  | <input type="checkbox"/> | <input type="checkbox"/> | Contact University Research Compliance and inform personnel that you are leaving the university. (Indicate that the IACUC or IRB approved study has ended or submit a modification form appointing a new PI or advisor who will assume responsibility for the project.) |
| 15.  | <input type="checkbox"/> | <input type="checkbox"/> | Make appropriate arrangements pertaining to animal health and safety. (Contact Animal Resources for assistance.)  |
| 16.  | <input type="checkbox"/> | <input type="checkbox"/> | Ensure there is a named co-investigator with authority to make any necessary decisions regarding animal use until the project is terminated and/or a new PI is designated.  |

| <b>SHIPMENTS OF HAZARDOUS OR BIOLOGICAL MATERIAL</b> |                          |                          |   |
|--|--------------------------|--------------------------|---|
| Done   | N/A                      | Name of Receiver         |   |
| 17.  | <input type="checkbox"/> | <input type="checkbox"/> | Contact the sender and stop shipment.   |
| 18.  | <input type="checkbox"/> | <input type="checkbox"/> | If the material has shipped, contact University Mailing Services, Environmental Health & Safety and University Research Compliance. (Radioactive materials may not be shipped or transferred without permission from the Radiation Safety Officer.) |
| 19.  | <input type="checkbox"/> | <input type="checkbox"/> | If you plan to ship/transport materials (chemical, radiological, biological, etc.), contact Environmental Health and Safety and University Research Compliance with details regarding authorized location and transfer agreement (if required).     |

| <b>CHEMICALS</b> |                          |                          |  |
|------------------|--------------------------|--------------------------|--|
| Done             | N/A                      | Name of Receiver         |  |
| 20.              | <input type="checkbox"/> | <input type="checkbox"/> | Contact the Environmental Health & Safety office and inform personnel that you are leaving the university. |

|     |                          |                          |  |  |
|-----|--------------------------|--------------------------|--|--|
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Ensure that all unused products are properly labeled and stored.   |  |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Make legal and official arrangements to properly dispose of (or transfer) any unused products, according to university policy.                                     |  |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | Submit a chemical inventory to the Environmental Health & Safety.  |  |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | Decontaminate and clean your laboratory space and have your laboratory inspected by Environmental Health and Safety personnel to verify that it is decontaminated. |  |

**BIOMATERIALS, TOXINS, BIO-AGENTS, HUMAN MATERIALS, PLANT/ANIMAL/HUMAN PATHOGENS, TRANSGENIC PLANTS/ANIMALS, OR RECOMBINANT DNA**

| Done |                          | N/A                      |  | Name of Receiver |
|------|--------------------------|--------------------------|--|------------------|
| 25.  | <input type="checkbox"/> | <input type="checkbox"/> | Contact Environmental Health and Safety and discuss disposition of any substances remaining at the university and for disposal of explosive/reactive materials or agents (peroxides, organic peroxides, TNT, RDX, etc.).             |                  |
| 26.  | <input type="checkbox"/> | <input type="checkbox"/> | Contact the University Research Compliance and inform URC personnel that you are leaving the university.   |                  |
| 27.  | <input type="checkbox"/> | <input type="checkbox"/> | Make legal and official arrangements to properly dispose of any specimens, and/or transfer any projects according to university policy. Contact the Technology Development Center with assistance with Material Transfer Agreements. |                  |
| 28.  | <input type="checkbox"/> | <input type="checkbox"/> | Decontaminate and clean your laboratory space and have your laboratory inspected by the University Biosafety Officer to verify that it is decontaminated (if lab is a BSL-2 or BSL-3).   |                  |
| 29.  | <input type="checkbox"/> | <input type="checkbox"/> | Contact Environmental Health and Safety if you banked blood serum, want copy of exposure record, or require an exit physical.  |                  |

**X-RAY MACHINES/LIQUID SCINTILLATION COUNTERS/ELECTRON MICROSCOPES/LASERS**

| Done |                          | N/A                      |  | Name of Receiver |
|------|--------------------------|--------------------------|--|------------------|
| 30.  | <input type="checkbox"/> | <input type="checkbox"/> | Contact University Research Compliance and inform personnel that you are leaving the university. (X-ray machines may not be transferred or shipped to any location without notifying the OSU Radiation Safety Officer and Class 3b and Class 4 lasers may not be transferred or shipped to any location without notifying the OSU Laser Safety Officer.) |                  |
| 31.  | <input type="checkbox"/> | <input type="checkbox"/> | Contact the Radiation Safety Officer if you have uranium or thorium compounds. Contact Environmental Health & Safety if you have laser dyes including solvents for proper handling and disposal.   |                  |

**RADIOACTIVE MATERIALS**

| Done |                          | N/A                      |  | Name of Receiver |
|------|--------------------------|--------------------------|--|------------------|
| 32.  | <input type="checkbox"/> | <input type="checkbox"/> | Contact University Research Compliance and inform personnel that you are leaving the university.   |                  |
| 33.  | <input type="checkbox"/> | <input type="checkbox"/> | Make legal and official arrangements to properly dispose of (or transfer) any unused materials, including inventory records, according to university policy.                       |                  |
| 34.  | <input type="checkbox"/> | <input type="checkbox"/> | Decontaminate and clean your laboratory space. Then contact the OSU Radiation Safety Officer to have your laboratory inspected to verify that it is decontaminated/decommissioned. |                  |
| 35.  | <input type="checkbox"/> | <input type="checkbox"/> | Perform a radiation survey.  |                  |

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SECTION III -- UNIT ADMINISTRATOR

To be completed by Unit Administrator by employee's last day of work

| SEPARATION PROCESSING |                          |                          | Action Completed By   |
|-----------------------|--------------------------|--------------------------|---|
| Done                  | N/A                      |                          |   |
| 1.                    | <input type="checkbox"/> | <input type="checkbox"/> | Prepare Online Separation Employment Action, scan and attach resignation letter or dismissal document, and route as appropriate, as soon as separation date is established. |
| 2.                    | <input type="checkbox"/> | <input type="checkbox"/> | Confirm final paid leave usage at separation and notify Payroll Services if not correct on Employment Action.   |
| 3.                    | <input type="checkbox"/> | <input type="checkbox"/> | Cancel enrollments in training classes to avoid "no-show" fees, osu-trng@okstate.edu.   |
| 4.                    | <input type="checkbox"/> | <input type="checkbox"/> | Obtain the employee's forwarding address; share with units needing future contact, e.g., Bursar, Human Resources.   |

| EQUIPMENT/PROPERTY/FINANCIAL |                          |                          | Action Completed By   |
|------------------------------|--------------------------|--------------------------|---|
| Done                         | N/A                      |                          |   |
| 5.                           | <input type="checkbox"/> | <input type="checkbox"/> | Verify return of University property (examples listed in employee section). |

| DATA SYSTEMS/RECORDS |                          |                          | Action Completed By  |
|----------------------|--------------------------|--------------------------|--|
| Done                 | N/A                      |                          |  |
| 6.                   | <input type="checkbox"/> | <input type="checkbox"/> | Verify transfer any University records (e.g., paper, electronic, email) held in his/her work area or home office/computer to his/her supervisor. In particular, prevent the employee from retaining, copying, or removing in any way confidential or sensitive records.  |
| 7.                   | <input type="checkbox"/> | <input type="checkbox"/> | Obtain passwords to any administrative database, software application, information system, etc., for which the employee possesses the sole access rights, and that is necessary for program or unit administration or operations.  |
| 8.                   | <input type="checkbox"/> | <input type="checkbox"/> | Notify IT Help Desk about the employee's departure, so that data systems access will be terminated.  |
| 9.                   | <input type="checkbox"/> | <input type="checkbox"/> | Notify HR Partner Services about the employee's departure, so that E-Verify, PeopleAdmin and OSU Jobs access will be terminated.   |
| 10.                  | <input type="checkbox"/> | <input type="checkbox"/> | Delete the employee's access to department data systems, email servers, voice mail systems, email lists, etc.; remove any passwords or file protections (file access passwords) unique to the departing employee. Immediately delete the employee's access to any protected health information, as defined under HIPAA.  |
| 11.                  | <input type="checkbox"/> | <input type="checkbox"/> | Change codes on door entry systems; deactivate building/area access; notify Public Safety to deactivate security/proximity card, where appropriate.  |
| 12.                  | <input type="checkbox"/> | <input type="checkbox"/> | Change safe combinations.  |
| 13.                  | <input type="checkbox"/> | <input type="checkbox"/> | Change building directories and Campus Directory.  |
| 14.                  | <input type="checkbox"/> | <input type="checkbox"/> | Change names on subscriptions, institutional memberships, etc.   |
| 15.                  | <input type="checkbox"/> | <input type="checkbox"/> | In case of involuntary termination, access to the above items should be discontinued as of the time notice of termination is given. Particular attention should be given to data systems, student records, HRS and FRD access, personal health information/medical records, radiation records management system, offices, phone systems, and restricted areas. |

| SAFETY |                          |                          | Action Completed By  |
|--------|--------------------------|--------------------------|--|
| Done   | N/A                      |                          |  |
| 16.    | <input type="checkbox"/> | <input type="checkbox"/> | Contact Environmental Health and Safety for employees who were in ongoing health monitoring programs, e.g. asbestos. |
| 17.    | <input type="checkbox"/> | <input type="checkbox"/> | Determine presence of any laboratory or hazardous chemicals, gas   |

|     |                          |   |  |
|-----|--------------------------|---|--|
|     |                          | cylinders, biological materials (e.g., animal tissue, diagnostic specimens, microorganisms, cultures), bio-hazardous materials (e.g., infectious substances and Select Agents), radiological materials, controlled substances, and/or hazardous wastes in the applicable work areas. Review disposition of them with the employee. Verify that laboratory was decontaminated. |  |
| 18. | <input type="checkbox"/> | <input type="checkbox"/>  | Ensure that all research-related materials that will remain at OSU are properly labeled and are in approved containers.  |
| 19. | <input type="checkbox"/> | <input type="checkbox"/>  | In accordance with the safety procedures, ensure that all equipment (including fume hoods, freezers, refrigerators, biosafety cabinets, centrifuges, incubators, and work surfaces) is cleaned and decontaminated. |
| 20. | <input type="checkbox"/> | <input type="checkbox"/>  | Update alarms/emergency contact lists with Public Safety and related departments. Review whether unit disaster plan needs to be adjusted.  |

| <b>RESEARCH</b> |                          |                          |   |
|-----------------|--------------------------|--------------------------|---|
|                 | Done                     | N/A                      | Action Completed By   |
| 21.             | <input type="checkbox"/> | <input type="checkbox"/> | Determine continuation arrangements for existing research projects/grants.  |
| 22.             | <input type="checkbox"/> | <input type="checkbox"/> | Arrange transition of laboratory notebooks for ongoing OSU research.  |
| 23.             | <input type="checkbox"/> | <input type="checkbox"/> | Determine presence of film, negatives or other original data from research settings that may be property of the University. |
| 24.             | <input type="checkbox"/> | <input type="checkbox"/> | Identify any transition issues related to human subjects. For assistance, contact University Research Compliance.           |

I certify that the employee has completed all separation activities as indicated on Sections I – Employee Actions and Section II – Separation Checklist Supplement for Research Activities (if applicable) of the TERMINATION – SEPARATION CHECKLIST and that all administrative procedures as outlined above have been completed.

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION IV -- DISTRIBUTION

- Retain original in department file.
- Send copy to Environmental Health and Safety if the employee had responsibility for any laboratory or hazardous chemicals, gas cylinders, controlled substances, and/or hazardous wastes.
- Send copy to the Office of University Research Compliance if the employee had responsibility for or worked with biological materials (e.g., animal tissue, diagnostic specimens, microorganisms, cultures), biohazards, infectious substances, Select Agents and/or Toxins, Class 3b and/or Class 4 lasers, X-ray devices, radiological materials, and/or hazardous wastes (e.g., radioactive waste); vertebrate animals, and/or research approved by the Institutional Animal Care & Use Committee (IACUC), the Institutional Biosafety Committee (IBC), the Institutional Review Board (IRB), the Laser Safety Committee, and the Radiation Safety Committee.