UNIVERSITY OF WISCONSIN-WHITEWATER
STAFF CHECK OUT FORM
(To be completed by Employee)

All staff members who are terminating employment with the campus MUST complete this form.

The employee will visit the offices indicated, gather initials, and ascertain that all materials have been returned and verify that no fines are due.

The completed form will then be signed by the Employee and Department Chair/Unit Supervisor and retained in Department records, and a copy will be forwarded to Human Resources & Diversity.

The checkout needs to occur prior to the employee’s departure. Please fill out applicable sections.

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Employee Type: Faculty/AS ☐ University Staff ☐ Temporary Employee ☐
NAME: __________________________________________________________________
PRESENT ADDRESS: _____________________________________________________________________________________
FUTURE ADDRESS: ______________________________________________________________________________________
(for W-2 mailing)

REASON FOR LEAVING: Resignation ☐ Retirement ☐ Fixed Term ☐ Transfer / To: _________________________
WHEN LEAVING: ☐ End of 1st Semester ☐ End of 2nd Semester ☐ End of Summer Session ☐ Other Date ____________

CONFIRM CLEARANCE WITH: ITEMS LEFT W/ CHAIR/UNIT SUPERVISOR:
(If Required)
___ Library Circulation/Reserve/Equipment (Andersen Library) ___ Grade Book
___ Textbook Rental Service (Bookstore)  ___ Arrangement for incomplete grades
___ Univ. Cashiering (fines, other, Hyer 1st Floor) ___ Advisee Folders
___ Parking Services (Visitor Center)  ___ Campus Pro Card
___ WISDM (Financial Services-Hyer Hall, 1st floor)  ___ Tax Exempt Card
___ Department Equipment and Property ___ Sales and Use Exempt Card
___ Rec Sports / Gym Locker

_____ ALL University Keys are to be returned in person to FP&M, located in the General Services Building at 500 North Fremont.

_______________________________  ________________________
Employee                                           Date
I have verified that all clearances have been confirmed and items listed have been returned to me.

_______________________________/____________________
Department Chair/Unit Supervisor                  Date

________________________________
Phone

CC: Human Resources & Diversity/Personnel File

Revised 11/13/2015