



Exit Checklist

INSTRUCTIONS: This form should be used by a Supervisor and HR Liaison as a checklist to document activities completed during and following the exiting process for terminating employees. Not every action listed is applicable in every termination, but the comprehensive list is provided as a mechanism to confirm good management practices and to protect university property.

Employee Name: _____ UIN: _____

Last Day Worked: _____ Last Day in Paid Status: _____ Title: _____

Department: _____ Supervisor: _____

(1) DEPARTMENT Actions Required

(A) Termination Reason:

____ **Voluntary Termination** – includes death of employee

____ **Involuntary Termination** – Involuntary termination for non-faculty employee requires review by HR department

____ **Retirement**

***If Transfer Within TAMUK or to other A&M System Part, **COMPLETE TRANSFERRING EMPLOYEE CHECKLIST INSTEAD**

(B): Retrieve, cancel, deactivate, or secure the following: (initials of department employee completing process)

____ Staff Identification Card collected & returned to ID Office x4995

____ Business Office Checkout x2249

____ Parking permit collected & returned to Business Office x2714

____ FAMIS account access/signature authority cancelled x3905

____ Office and/or desk keys collected & verified with

____ Marketplace account access cancelled x4965 or x3905

Physical Plant x3312

____ Tex-an code deactivated x4192

____ Managers–Finalize all leave requests & timecards

____ Laserfiche access deactivated x3814

____ Electronic Payroll Action (EPA) routed

____ FedEx/Kinko & procurement card collected x3814

____ Pager and/or cell phone collected

____ Payment Card / other credit or purchase cards collected x3814

____ Facility access codes cancelled (for your building)

____ Travel card collected, vouchers/receipts completed x3950

Exiting Employee Signature: _____ Date _____

PRINT NAME of Supervisor/Designee

SIGNATURE of Supervisor/Designee

Date

(2) HUMAN RESOURCES Actions Required: (initials of employee completing process)

____ Final Timesheet

____ HR Connect updates: Employee retains access to HRC for 18 months from termination. Advise employee to keep UIN and password to modify email, home address, and W2 delivery choice

____ LeaveTraQ updated

Vacation Leave Balance: _____ hours

Comp Time Balance Hours: _____ hours

Other leave hours payable: _____ hours

____ Exiting Employee Survey

____ Sick Leave Pool donation _____ hours

____ **CIS Use:** Office Phone _____

____ Direct Deposit (circle one): Yes No

E-mail User ID: _____

____ Resignation Letter

____ Deactivate email _____ Keep (retirees)

____ COBRA Information discussed

____ Voice mail password cancelled

PRINT NAME HR Employee

SIGNATURE HR Employee

Date



TEXAS A&M
UNIVERSITY
KINGSVILLE

TEXAS A&M UNIVERSITY – KINGSVILLE
NOTICE OF RESIGNATION

I _____ voluntarily resign my position at Texas A&M

University-Kingsville effective _____ for the reason(s) indicated below:

- ☐ Moving from area
- ☐ To Seek Accept another position
- ☐ Personal illness / injury
- ☐ Retiring
- ☐ Other

Signature

Date

Department

Received by: _____
Supervisor

Date

Forward immediately to Human Resources and Submit an EPA document as soon as possible.

TEXAS A&M UNIVERSITY-KINGSVILLE
HUMAN RESOURCES
Change of Address Form

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name (please print)

UIN/SSN

Department

Extension

Building

MSC

Current Address (or previous if you have already moved)

STREET/P.O. Box

CITY, STATE, ZIP

PHONE NUMBERS

New Mailing Address

STREET/P.O. Box

CITY, STATE, ZIP

PHONE NUMBERS

New Residential Address

Check if same as mailing address

☐

STREET/P.O. Box

CITY, STATE, ZIP

PHONE NUMBERS

Personal email: _____

Effective date and signature:

This new mailing address and telephone number will become effective on _____
Date

Signature of person completing form

Date



NOTICE OF FINAL DEPOSIT AND REQUEST FOR REFUND

Part I (Please Print)

Name _____ Social Security No. _____

Telephone No. _____ Date of Birth _____ Last Day of Employment _____

Member's Mailing Address _____
Street Address or Box Number City State Zip Code

I authorize TRS to issue to me a personal identification number (PIN) which may be used to access information through the automated telephone system. I authorize the release of any information regarding my account to anyone using my PIN. I understand that TRS will mail the PIN to my address on file for my account. Once mailed, TRS has no responsibility for the protection of the PIN. I understand that it is my responsibility to prevent unauthorized use of the PIN.

If you do not want TRS to send you a PIN, check here: ☐ No, do not send a PIN

AFFIDAVIT THAT EMPLOYMENT HAS PERMANENTLY CEASED AND INSTRUCTIONS FOR DISTRIBUTION OF FUNDS

I hereby certify that I have permanently terminated my employment in any State-supported educational institution in Texas and request that the accumulated contributions in my account with the Teacher Retirement System of Texas (TRS) be distributed to me according to the following instructions. I further certify that I do not have a contract or promise of employment nor have I applied for employment with any employer covered by TRS and the balance in my account is due to me and unpaid. I understand that my receipt of the distribution will release TRS from any claim for other benefits payable on my behalf and will cancel my TRS service credit. I further understand that should I contract for employment with any TRS-covered employer before receiving my distribution, I will not be entitled to the distribution.

Individuals who terminate TRS membership by withdrawing their TRS account but resume membership on or after September 1, 2007 will be subject to the following new retirement eligibility criteria for a normal age (unreduced) service retirement annuity 1) age 65 with at least 5 years of service credit, or, 2) age 60 with at least 5 years of service credit and age plus years of service credit equals at least 80.

Proportionate retirement notice: If you have service credit in another Texas public retirement system, termination of TRS membership and service credit may affect your eligibility for benefits from a system participating in the proportionate retirement program. If you plan to combine service credit in different systems to meet eligibility requirements, contact each system for more information.

MEMBER MUST CHECK ONLY ONE SECTION

(see "Special Tax Notice Regarding Your Rollover Options Under The Teacher Retirement System of Texas" information sheet)

☐ I hereby request that none of my accumulated contributions be rolled over into an eligible retirement plan. I understand that 20% of the taxable amount of my refund will be withheld for income tax as required by law. (PROVIDED THE AMOUNT IS GREATER THAN \$200.00)

☐ I hereby request that all or a portion of my accumulated contributions be rolled over into an eligible retirement plan. Please send me information so I can provide TRS with rollover instructions.

I hereby acknowledge that I have been provided with "Special Tax Notice Regarding Your Rollover Options Under The Teacher Retirement System of Texas" and that I have 30 days from receipt of the notice to consider my decision of whether to elect a direct rollover of my distribution. I understand that once I have made an election and TRS has issued the distribution, my election is irrevocable and cannot be changed.

Signature of Member

STATE OF _____ COUNTY OF _____

Before me, a notary public, on _____ (date) personally appeared _____
known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein are true and correct.

(SEAL)

Signature of Notary Public

Part II

CERTIFICATION OF SCHOOL OFFICIAL

If member has been employed during the previous six-month period, the certification of school official is required. Send the completed form with the monthly payroll report that includes the member's final payroll transaction.

OFFICIAL CERTIFICATION: _____

Name of school district, college or agency _____

Date of Termination _____

Final Transaction (Deposit or Adjustment) Amount _____

Included in Report for month of _____

I hereby certify the final salary payment has been made to the above named member and that this person has no further contract, written or oral, to return to employment nor does this person have a notice of renewal of contract or a promise of employment with this district. No further payments or adjustments will be made to the above named member by this reporting entity.

Date

Signature of official responsible for payroll reports to the Teacher Retirement System

The Texas A&M University System
Sick Leave Pool Form

HR 27 (1/05)

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name _____ UIN _____ Department _____

DONATION

Number of hours donated (in whole-day increments): _____

Note: Employees may donate an unlimited amount of their accrued sick leave each fiscal year. Donations must be made in 8-hour increments. Retiring and terminating employees may also donate sick leave to the pool. However, employees returning to state employment within 12 months (and after at least 30 calendar days if returning to the same institution or agency) will not have any donated time restored to their sick leave balances.

In making this decision I understand that it is:

- strictly voluntary,
- for use by any eligible employee, and I may not stipulate who may receive this donation, and
- no longer my property right and that my sick leave balance will be reduced by a corresponding amount.

Employee signature

Date

I certify that this employee's sick leave balance has been reduced by the amount donated to the sick leave pool.

Department Head signature

Date

WITHDRAWAL

Number of hours requested: _____

Sick leave pool withdrawals should be requested as soon as the need becomes apparent. Pool hours cannot be awarded retroactively.

Purpose:

- ☐ Catastrophic illness or injury. I expect to exhaust my sick and vacation leave and compensatory time as of _____ (time) on _____ (date). I expect to have missed 160 hours of work due to this illness or injury as of _____ (time) on _____ (date). Attached is a physician's statement stating the nature and expected duration of the illness or injury,
- ☐ Noncatastrophic illness or injury. I have exhausted my sick leave and have contributed _____ hours to the sick leave pool.
- ☐ Is this request a result of an on-the-job injury? _____ yes _____ no (Policy prohibits sick leave pool from being used in conjunction with a workers' compensation claim.)

If requesting time to care for an immediate family member:

Family member's name

Relationship

Employee signature

Date

I certify that this employee has exhausted all earned sick and vacation leave and compensatory time as of _____ (time) on _____ (date) and that the employee has missed 160 hours of work for this condition as of _____ (time) on _____ (date).

Department Head signature

Date

Number of hours approved: _____ Comments: _____

Sick Leave Pool Administrator signature

Date

The Texas A&M University System
ORP Notification of Change in Employment Status

HR 15 (02/12)

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name (Print)

Social Security number

Department

Institution or agency name

List ORP vendor names for all ORP accounts currently or previously held during your A&M System employment.

INSTRUCTIONS

1. Complete appropriate items in Section A, then sign and date the form.
2. Make a copy for your records.
3. Return to your Human Resources or Payroll office.

A. Check the status change that applies to your situation and complete the information in that section.

- ☐ Changing employment to another Texas public institution of higher education: I hereby certify that I have terminated my covered employment in The Texas A&M University System and that I have accepted employment or anticipate employment to be effective (mm/dd/yy) _____ at the following Texas public institution of higher education:

Name of college or university

City

I understand that due to my continued employment in a Texas public institution of higher education, distribution of the ORP funds contributed during my employment with the A&M System is not permitted at this time. However, plan-to-plan transfers and contract exchanges are permitted.

- ☐ Permanently terminating employment: I certify that I have/will permanently terminate(d) my employment in The Texas A&M University System on (mm/dd/yy) _____ and I do not contemplate future employment with the A&M System. I further certify that I do not have an employment contract, either oral or written, with any other public institution of higher education in Texas. I acknowledge it is my responsibility to contact my ORP vendor for access to my ORP account.
- ☐ Eligible for retirement and terminating active employment: I certify that I am eligible for A&M System retirement, to become effective on (mm/dd/yy) _____. I acknowledge it is my responsibility to establish a distribution plan with my ORP vendor.
- ☐ Continuing employment after age 70½ (distribution requested): I certify that my date of birth is (mm/dd/yy) _____ and that I will attain the age of 70½ during the month of (mm/dd/yy) _____. I understand that while still employed in a public (state) institution I am exempt from federal minimum distribution requirements.
- ☐ Death of employee (to be completed by Human Resources or Payroll office) Date of death: _____
Beneficiary of record and vendor are authorized to enter into settlement option agreements.

Employee signature (if completed by employee)

Date

B. Your Human Resources or Payroll office will complete this section and submit this form to each ORP vendor listed above.

I certify that the individual named above:

- ☐ Changed employment to another Texas public institution of higher education that offers ORP and therefore may *not* access his/her ORP account until he/she terminates employment from that and all other Texas public institutions of higher education.
- ☐ Ceased to be an employee, attained retiree status, will reach age 70½, or has died, as indicated, and therefore the ORP account can be accessed.

He/she enrolled in this program on (mm/dd/yy) _____ and ☐ does or ☐ does not have a vested interest in the state's matching contribution. If the employee does not have a vested interest in the state's matching contribution, you are hereby instructed to return the state's matching contribution in the amount of _____ to the attention of the person stated below at the following address: _____.

Name and title

Signature

Date

The Texas A&M University System
TDA Notification of Change in Employment Status

HR 18 (02/12)

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name (Print)

Social Security number

Department

Institution or agency name

List TDA vendor names for all TDA accounts currently or previously held during your A&M System employment.

INSTRUCTIONS

1. Complete appropriate items in Section A, then sign and date the form.
2. Make a copy for your records.
3. Return to your Human Resources or Payroll office.

A. Check the status change that applies to your situation and complete the information in that section.

- ☐ Terminating employment: I certify that I have/will terminate(d) my employment in The Texas A&M University System on (mm/dd/yy) _____. I acknowledge it is my responsibility to contact my TDA vendor for access to my TDA account.
- ☐ Retiring and terminating active employment: I certify that I am eligible for A&M System retirement, to become effective on (mm/dd/yy) _____. I acknowledge it is my responsibility to establish a distribution plan with my TDA vendor.
- ☐ Continuing employment after age 59½ (distribution requested): I certify that my date of birth is (mm/dd/yy) _____ and that I will attain the age of 59½ during the month of (mm/dd/yy) _____.
- ☐ Death of employee (to be completed by Human Resources or Payroll office) Date of death: _____
Beneficiary of record and vendor are authorized to enter into settlement option agreements.

Employee signature (if completed by employee)

Date

B. Your Human Resources or Payroll office will complete this section and submit this form to each TDA vendor listed above.

I certify that the individual named above:

- ☐ Ceased to be an employee, attained retiree status, will reach age 59½, or has died, as indicated, and therefore the TDA account can be accessed.

Name and title

Signature

Date

Texas A&M - Kingsville Employee Exit Survey

***This question requires an answer.**

1. (Required) Why are you leaving the university? Please select all reasons that apply.

- ☐ Better pay
- ☐ Better benefits
- ☐ Issues with my supervisor
- ☐ Issues with employees I supervise
- ☐ Retirement
- ☐ Career advancement opportunity
- ☐ Relationship with co-workers
- ☐ Inadequate training
- ☐ Inadequate work resources
- ☐ Poor working conditions/environment
- ☐ Location/transportation issues
- ☐ Child/elder care issues
- ☐ Personal or family health
- ☐ Self-employment
- ☐ Enter/return to school
- ☐ Relocation (self, spouse, companion)
- ☐ Other (please specify)

2. If you chose *Poor working conditions/environment* above, please describe in what way(s) the working conditions or environment were poor?

- ☐ Not applicable (I did not select *Poor working conditions/environment*.)
- ☐ Safety
- ☐ Work-related stress
- ☐ Work load

***This question requires an answer.**

3. (Required) Where are you going?

4. To what extent did each item below influence your decision to leave the university?

	Very little extent	Little extent	Some extent	Great extent	Very great extent
A&M System policies or regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
University practices or procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immediate supervisor or co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need for more challenging and meaningful work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work conditions, work load or work schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Would you want to work for Texas A&M - Kingsville again in the future?

☐ Yes

☐ No

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