

OVERVIEW:

Georgia Tech is committed to seeing that all employees leaving Georgia Tech exit the Institution in a respectful and efficient manner.

PROCESS:

Administrator's (or designee) Responsibilities

1. Once the Department is formally informed of a termination, resignation or retirement, the Department Administrator (or designee) should obtain an *Employee Exit Checklist*.
2. The Administrator (or designee) completes Sections I, II & III of the *Exit Checklist* and must sign the form.
3. The Administrator (or designee) should request that the exiting employee complete a confidential Exit Survey by visiting <http://gtohr.gtexit.sgizmo.com/s3>.
4. On the day the resignation, termination or retirement notice is given, the Department Administrator (or designee) must generate a PSF to terminate the employee, providing the effective date of departure and immediately submit it to Human Resources.
5. After Sections I, II and III are complete, the Administrator (or designee) should then provide the Exit Checklist to the exiting employee.

Exiting Employee's Responsibilities

1. The employee should, on their last day of employment (or last day at Georgia Tech), bring their Exit Checklist and meet with an HR Customer Services Representative at Georgia Tech Human Resources, 500 Tech Parkway.

It is strongly suggested that separating employees that are benefits eligible visit HR on their last day. To facilitate this visit, appointments may be made on line by visiting the HR home page at <http://www.ohr.gatech.edu>.

2. The employee must sign the Exit Checklist.

HR's Responsibilities

1. HR must complete Sections IV and V of the Exit Checklist.



Georgia Institute of Technology
EMPLOYEE EXIT CHECKLIST

TO BE COMPLETED BY THE HOME DEPARTMENT

SECTION I – IDENTIFYING INFORMATION

Name: _____ **Job Title:** _____

Home Department: _____ **Empl ID:** _____ **Date of Termination:** _____
(day after last work day)

SECTION II – SCHOOL OR DEPARTMENT CLEARANCE

I certify, by entering my initials in the space provided, that the above-named employee is cleared for departure, having returned, canceled or accounted for all Institute property and documents issued through this school or department and/or through any other employing school or department including, but not limited to, the following:

Building/ Office Keys _____	P-Card _____	Fuel Card _____
Uniforms _____	Voice mail changed and password reset or acquired _____	Completed all outstanding T&E reimbursements and discontinued direct Bill of Travel (travel.ask@business.gatech.edu) _____
Petty Cash _____	Final time sheet / PSF with vacation hrs _____	Laptop/ Blackberry/Cell Phone _____
Research Security Clearance _____	Research Security Access Badge / Key _____	Presentation Equipment/ Laser Pointer/Clicker _____
Office Equipment/ Printer/ Computer _____	Research Lab Equipment _____	Computer Password(s)/ Room Security Code Acquired _____

SECTION III – FACULTY CLEARANCE (If employee is not a faculty member or if none of this section applies please check here) N/A

Please complete this section to verify that the appropriate individuals have been notified regarding the status of departing faculty member's lab/classroom. For Environmental Health & Safety (EHS) notification, please call (404) 894-4635 and ask to be connected to the appropriate area.

Dept. Building Manager Name: _____

Does departing faculty member's laboratory/classroom contain:

Chemicals or Flammable/Toxic Gases	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, dept. has notified:	<input type="checkbox"/> Lab/Chemical Safety (EHS) OR	<input type="checkbox"/> Building Mgr.
Hazardous Waste	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, dept. has notified:	<input type="checkbox"/> Hazardous Waste (EHS) OR	<input type="checkbox"/> Building Mgr.
Nano Particles	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, dept. has notified:	<input type="checkbox"/> Hazardous Waste (EHS) OR	<input type="checkbox"/> Building Mgr.
Radiological/X-ray Materials	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, dept. has notified:	<input type="checkbox"/> Radiation Safety (EHS) OR	<input type="checkbox"/> Building Mgr.
Lasers	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, dept. has notified:	<input type="checkbox"/> Laser Safety (EHS) OR	<input type="checkbox"/> Building Mgr.
MRI's	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, dept. has notified:	<input type="checkbox"/> Lab/Chemical Safety (EHS) OR	<input type="checkbox"/> Building Mgr.
Biological Materials/Biohazards	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, dept. has notified:	<input type="checkbox"/> Biological Safety (EHS) OR	<input type="checkbox"/> Building Mgr.
Animals	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, have animals/consent forms been transferred?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

OSP Certification Received? Yes No (Contact Duane Hutchison - 404.894.4819) N/A

Research Compliance Certification Received? Yes No (Contact Barbara Henry - 404.894.6949) N/A

Did faculty member use CHEMATIX™ for inventory? N/A No Yes If yes, dept. has notified: Chematix (EHS) OR Building Mgr.



Georgia Institute of Technology
EMPLOYEE EXIT CHECKLIST

TO BE COMPLETED BY OFFICE OF HUMAN RESOURCES CUSTOMER SERVICES REPRESENTATIVE

SECTION IV – HR CLEARANCE

	YES	NO	N/A	COMMENTS
Has the termination PSF been entered into Peoplesoft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

THE FOLLOWING TOPICS HAVE BEEN DISCUSSED WITH THE EMPLOYEE:

	YES	NO	N/A	COMMENTS
Georgia Tech has the employee’s correct address and phone number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The employee can change contact information via Techworks and will have access for the next 2 years (continuous for retirees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In order to receive a refund, the employee’s Parking Tag must be returned to Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HR will attempt to recover any monies owed to GT, such as library or parking fines, by withholding vacation pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the employee has a credit union loan, they must contact the credit union to arrange for a coupon book to continue payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The employee was asked if they have completed an exit survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If they have not, an invitation to participate http://gtohr.gtexit.sgizmo.com/ was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accepted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Declined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The employee was advised that an exit interview is also available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TO BE COMPLETED BY OFFICE OF HUMAN RESOURCES BENEFITS COUNSELOR

SECTION V – BENEFITS CLEARANCE AND EMPLOYEE ACKNOWLEDGEMENT

THE FOLLOWING TOPICS HAVE BEEN DISCUSSED WITH THE EMPLOYEE:

	YES	NO	N/A	COMMENTS
Eligibility and rights regarding continuation of health, dental, and FSA coverage under COBRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All FSA claims must be filed within 90 days from the date contributions are discontinued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Life insurance, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Long-term disability insurance, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Instructions regarding disposition of retirement contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Dept. Administrator Signature _____

Date _____

Employee Signature _____

Date _____

Benefits Counselor Signature _____

Date _____