

Separation Processing Checklist

The University of Texas at San Antonio

Employee ID _____

EMPLOYEE INFORMATION

Yes No

Last Name _____ First Name _____ Middle Name _____ Date Hired _____ UTSA Student _____
Division, Department or Office _____ Date Assignment Ends _____ Phone Ext. xxxx _____
Title / Position _____ Last Physical Work Date _____

Permanent Address (W-2): To be completed by Employee. Contact information where separating employee may be reached after separation from UTSA

Name (Last, First, Middle) _____ E-Mail Address _____
Mailing Address _____ City _____ State _____ Zip Code _____

DEPARTMENT

To be completed by Department - PRIOR TO TERMINATION DATE
As soon as management is notified that the employee is terminating, the department MUST complete this section

Completed by: Name _____

Date Completed _____

1. Use PeopleSoft to complete the Termination eForm. Call x4250 if assistance is needed. <https://my.utshare.utsystem.edu/> _____
2. Enter all time & exceptions to include overtime payment into PeopleSoft Call x4250 for assistance. _____
3. Take action to ensure the separating employee is properly cleared through Security Services and all access is removed. The following checklist must be used.

N/A Cleared

N/A Cleared Department

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Submit card access removal request through Security Services eForm . In the notes section on the eForm you can specify the date employee will be separating. | <input type="checkbox"/> | <input type="checkbox"/> | Campus Services, Parking & UTSA Card |
| <input type="checkbox"/> | <input type="checkbox"/> | Submit Security Services eForm to request removal from key box access. | <input type="checkbox"/> | <input type="checkbox"/> | Banner Support email: SIS.Security@utsa |
| <input type="checkbox"/> | <input type="checkbox"/> | Email Security Services advising us to remove separating employee from authorized requestors list if the employee currently has access to request for key/ card access through our eForm. Also let us know who their replacement will be. | <input type="checkbox"/> | <input type="checkbox"/> | Disbursement and Travel Services x4831 |
| <input type="checkbox"/> | <input type="checkbox"/> | Email Security Services to remove camera views. | <input type="checkbox"/> | <input type="checkbox"/> | Fiscal Services x8000 |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior to the last date of employment, verify with Security Services that all keys have been returned. Email Security Services . | <input type="checkbox"/> | <input type="checkbox"/> | Inventory x4844 |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Library x7506 |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | OIT Support Services (Help Desk) x5555 |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Pro Card Compliance Office x4059 |

4. For benefits eligible employee, please call Benefits department at x4250 to schedule an appointment.

LAST DAY OF EMPLOYMENT

Completed by: Name _____

Date Completed _____

1. Collect Department Keys _____
2. Collect UTSA ID Card _____
3. Collect department property: Equipment must be returned to the departmental Inventory Contact Person (ICP) or departmental representative. List all property collected:

4. Disable all 3rd party non OIT system access and/or department specific servers.

Completed by: Name _____

Date Completed _____

CERTIFICATION BY DEPARTMENT/DIVISION

I have completed the departmental responsibilities of Separation Processing and verify that all University obligations are resolved and appropriate departments have been notified.

Print Name _____ Signature X _____ Ext. _____ Date: _____