



State of Utah
DEPARTMENT OF ADMINISTRATIVE SERVICES
EMPLOYEE TERMINATION EXIT FORM

Please review the following with the employee and clearly mark that all items have been discussed or returned. If property is not returned on final working day, please indicate date of expected return. Provide a copy of this form to the employee.

Return completed form to CAPITOL HILL HR OFFICE (State Office Building room 4110 or State Mail courier box 1160) or scan and email a copy to Rebecca Lisor (rebeccalisor@utah.gov) or Angela Abbott (aabbott@utah.gov)

Employee: _____ **EIN:** _____

Last Day Worked: _____ **Last Day Paid:** _____ **Final Check Date:** _____

Discuss:

- Final Paycheck:** Explain leave payouts and how to direct payouts to 401(k).
- Insurance Continuation:** Final date of coverage depends on hire date (before or after 2/15/2003). ERIC* will send notification of coverage rights to PEHP* and the employee. Employee will receive COBRA information from PEHP, and may call PEHP at 801-366-7555 or ERIC at 801-538-3742 for more information.
- FLEX Plan:** Employee may continue to use existing, unspent FLEX funds until the end of the benefits plan year. Employee may contact PEHP's FLEX department at 801-366-7503 for more information.
- Retirement:** ERIC will send Pension and Savings Plan Benefits Notification to URS* and the employee. Employee may contact URS Savings Plans at 801-366-7720 and URS Pension at 801-366-7770 for more information.
- Money owed to the state:** Discuss repayment of travel card balances, pay advances, education assistance, etc.

Return to Supervisor:	Returned	N/A	Will Return On
State ID Card			
All security access cards (may include access to multiple buildings) (return to Building Access Coordinator)			
Travel Card and/or Purchasing Card (P-Card) (Supervisor return to CBA)			
Fuel Card (Supervisor return to Fleet)			
Keys to state owned vehicle			
Keys to office, desk, cabinets, etc.			
State owned manuals, books, documents			
State owned radio Radio # _____			
State Owned Tablet			
Cell phone Voicemail password: _____ Screen-lock code: _____			
State owned laptop			
Air card			
State owned computer software			
State owned computer hardware (thumb drives, etc.)			
State owned computer equipment issued for telecommuting			
State paid DSL line or internet service			
State provided UTA EcoPass (Supervisor return to UTA Coordinator)			
Parking permit (Supervisor return to Parking Facilitator)			
Uniforms			
GETS Card/Wireless Priority Services (Supervisor return to GETS Coordinator)			
Other (please specify):			

Supervisor:

- Notify DTS Help Desk to remove computer, VPN, and email access
- Arrange to remove FINET security (send email to FISsecurity@utah.gov)
- Arrange to have access removed from agency specific systems (indicated here): _____
- Notify Human Resources of termination, including last day worked

Work Phone Number: _____ Voicemail Password: _____

- Change outgoing voicemail message to provide contact information of employee now assigned to projects
- Enter final work time into ESS, AiM, InfiniTime, or on paper time sheet (paper time sheets require employee's and supervisor's signature.)
- Verify the 72 hour kit remains at work location

Please verify your home address for possible future correspondence (such as W2 or final pay statement):

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Email Address (Optional): _____

REASON FOR LEAVING STATE EMPLOYMENT (Optional): Check all that apply.

- | | |
|----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Abandonment of Position | <input type="checkbox"/> Other Reasons |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Other Employment |
| <input type="checkbox"/> Dismissal | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Education | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> End of At-Will Employment | <input type="checkbox"/> Reduction in Force |
| <input type="checkbox"/> Military Service | |

Additional Comments:

As I separate from my employment with the State of Utah, I certify that I have received and understand the above explanations concerning my separation. I understand that further information regarding continuation of medical coverage and retirement benefits will be mailed to my home. I also hereby certify that I have returned or am now returning all items in my possession that are the property of the State of Utah.

Employee:

Employee Name (please print) _____

Employee Signature _____ Date _____

Supervisor (acknowledges receipt of all state-owned equipment and proper system access and security cut-off procedures):

Supervisor's Name: _____ Phone # _____

Supervisor's Signature _____ Date _____

- *ERIC (Employee Resource Information Center): 801-538-3742
- *PEHP (Public Employee's Health Plans): 801-366-7555
- *URS (Utah Retirement Systems): 801-366-7770

FOR DHRM USE ONLY

- Address verified in HRE
- Verify final time entered into ESS, AiM or InfiniTime, or on paper time sheet received
- EPAR Action entered