

Employee's Last Name, First, Middle Initial

SEPARATION CHECKLIST All Employees (Salaried, OPS and Courtesy)

Employee ID and Record Number

Human Resources

282 Champions Way PO Box 3062410 Tallahassee, FL 32306-2410 Phone: 850-644-9641 (staff)

Phone: 850-644-9641 (staff)
Phone: 850-644-4017 (faculty)
hr-attendanceleave@fsu.edu

Termination Effective Date (Day after last day worked)

| Position Tit | tle | | Department | Department Representative | Phone Number |
|--------------|--------------------|--------------|---|---|---|
| | A | &P/L | ISPS Faculty (Salary) | OPS/Courtesy (maintain in department file) | |
| | | | | FSU Department do not complete this form. Refe | er to the "Employee |
| | | | t" on the HR Website for empl | | |
| | | | TREPRESENTATIVE RESPON tion Checklist with employee an | d complete Personnel Action Form (ePAF/pPAF) | |
| employe | e any o k(s). S | debt igna | or property owed to FSU. Notify ture of the separating employee | s completed. As you progress through the items, dis Accounts Receivable (644-9436) to initiate the colle s's supervisor is required. If an employee is unavaila | ection on the final |
| Initial | Date | 1 | NETWORK ACCESS / DASSI | NORD SECURITY / SECURITY | |
| | | 1. | a. OMNI Roles – Verify all Of | | |
| | | | | s - Remove any other system access (i.e. systems of | |
| | | | | sed by the department but not by the whole universit on does not remove Instructor/TA/course designer ro | |
| | | | canvas@fsu.edu or call 64 | 4-8004 to remove access. | |
| | | 2. | determine if the separating em Salary/Budget Preparer or Dea | NS - Run the FSU_CF_DEPT_ALL_DESIGNATION ployee is a Budget Manager/Concur Approver, Authan/Director/Department Head/Chair (see <u>Controller's</u> yee, complete the Budget Office form, <u>Update Existi</u> | norized Signer, Hyperion <u>office website</u> for |
| | | 3. | | Fines Management Department (<u>Lib-FinesManagem</u> rel keys, etc.). Include the separating employee's na | |
| | | 4. | | rs returned to Key Bank (644-9612 or <u>keyshop@fsu.</u> Iding A) or to Departmental Representative. | edu) at 150 MMA |
| | | 5. | OMNI timesheets (as appropri | S, A&P and FACULTY - pay and leave reports, non riate) have been audited or reviewed by the time/done <u>after</u> the last day of employment and fir | leave coordinator or the |
| | | 6. | | nployee in Guardian with the effective date of separa nistrator to terminate the paper I-9. Additional inform | |
| | | 7. | | emote gate openers must be returned to FSU Transpresult in a \$30 fine for the remote or \$15 fine for the | |
| | | 8. | FSU_DEPT_MNGR_REP_BY | TMENT MANAGER & REPRESENATIVE – Run ON _DEPT (HR) to determine if the separating employed ubmit a HR Department Table Update form to update | e is a Department |

| DEPAI Initial | | TRE | PRESENTATIVE RESPONSIBILITIES (cont'd): |
|------------------|------|-------|--|
| iiiilai | Date | | |
| | | 9. | a. Petty Cash Funds - Run the FSU_DPT_AP_OPEN_ITEM_BAL (FI) query to check for any outstanding petty cash advances. If an outstanding debt exists, contact Disbursement Services (AccountsPayable@fsu.edu) for processing details. b. Auxiliary AR - Run the FSU_AUX_EMPLOYEE_DEBT (FI) query to check for any outstanding auxiliary |
| | | | debts. If an outstanding debt exists, contact Auxiliary Accounting (ctl_auxiliaryaccounting@fsu.edu). c. Salary Overpayments - Contact Payroll Services by submitting a case via the FSU service center or emailing payroll@fsu.edu to verify employee repayment options. d. Miscellaneous Debts - Contact Student Financial Services (644-4257 or ctl-accountsreceivable@fsu.edu) to identify any outstanding debts. e. Employee FSU Payroll Deductions - Contact Payroll Services by submitting a case via the FSU Service Center or emailing payroll@fsu.edu to verify if employee has an outstanding balance for FSU Foundation Loans or FSU Employee Accounts Receivables. |
| | | 10 | PROPERTY |
| | | 10. | a. Verify any short-term loans of laptops or other equipment have been returned to the department through your Departmental Inventory Custodian. b. Verify if there are any capital assets that may be "offsite" and assigned to the separating employee. Run |
| | | | the following query: FSU_DPT_AM_OFFSITE_ASSETS (FI). If the separating employee has FSU equipment with a cost of \$5,000 or greater checked out, please reach out to the employee to return the item. Please populate the bottom portion of the Off-Site Equipment Form and send it to the Asset Management Office when the equipment has been returned. |
| | | | c. Verify if the separating employee is an Inventory Taker, Custodian or Manager. Run the following query for your department, using the first three digits of your department number. FSU_DPT_AM_PROPERTY_ROLES (FI). Notify Asset Management via a completed Property Role Form if roles should be updated. |
| | | 11. | PURCHASING CARD (P-Card) |
| | | | a. Cardholders - Email pcard@fsu.edu and ask for the P-Card Administrator to verify the card has been returned by the cardholder. b. Proxies - Submit the Proxy Termination/Transfer Request form through SpearMart. The FSU_DPT_PCARD_PROXYUSERS (FI) query can be run to determine the proxies in your department. |
| | | 12. | a. T-Card - Supervisor is to complete the <u>Travel Card Cancellation Request</u> and return it to the T-Card Administrator (<u>travelcard@fsu.edu</u>) immediately upon notice of employee's termination; destroy the employee's T-Card; and employee is to submit expense report(s) for all available T-Card charges. b. Travel Advances/Non-Travel Expense Reports/T-Card charges/Travel Requests - Contact travel (<u>travel@fsu.edu</u>) to determine if any outstanding/pending Travel Cash Advances, expense reports, T-Card charges, or travel requests exist. Travel will provide processing details. |
| | | 13. | ASK EMPLOYEE TO COMPLETE THE EXIT SURVEY ONLINE & PROVIDE SURVEY LINK – Executive Service, A&P, USPS and OPS, may visit https://www.surveymonkey.com/r/FSUEXIT-J58B7XK to complete the Staff Exit Survey before their last day worked. For Faculty Exit surveys, please contact the Office of Faculty Development & Advancement (644-6876). |
| | | 14. | SWIPE CARD ACCESS – Swipe card access should be disabled upon termination. Please have your department's Authorized Security Representative submit a CRM service ticket requesting the removal of departmental card access from the employee's personnel record. |
| | | _ 15. | SPONSORED RESEARCH – If a PI or Co-PI on a Sponsored Project, sponsored research activity has been verified withat Sponsored Research Services (<u>SRA-pre@fsu.edu</u>) |
| | | _ 16. | GRADUATE SCHOOL – Does the employee (Faculty or Staff) have any access to systems managed by the Graduate School or on a student committee (e.g. GST, GFS, Slate, Waivers, Manuscript Clearance Portal)? YES NO If yes to any, the Graduate School has been notified of the separation. Contact: Ashley Jarvis (a.jarvis@fsu.edu). |

| Employee's Last Nai | ne, | First, Middle Initial | Employee ID and Record Number | r Termina | ination Effective Date |
|--|-------------|--|--|---|---|
| USPS/A&P/FAC University prope initiated and fees Initial Date | rty s ch | SPONSIBILITIES: TY/OPS – Complete applicable items and debt owed to FSU. If assigned pro narged. Please initial and date lines as | operty is not returned and debt not pa s completed or indicate N/A if not app | id, collection pro licable. | cedures will be |
| | 17. | graduate tuition waivers), etc. a. Library – Return all books, mater b. Parking – Return gate cards and to return will result in a \$30 fine f | TO THE UNIVERSITY – Check with ms, keys, library fines, parking, taxes with ials, and library carrel keys to the apportenate gate openers to FSU Transport or the remote or \$15 fine for the gate office keys to the department representation. | owed on perquis ropriate Univers ortation and Park card. | ites (including ity Library. ing Services. Failur |
| | 18. | | ed to file annual financial disclosures nin sixty (60) days of leaving public of and contact the FSU <u>Office of Compl</u> | fice or employme | ent. Download the |
| | 19. | VENDOR EMPLOYMENT – If you are business that is an FSU vendor, plealaws that may affect your new role. | e accepting employment with, or cons ase contact <u>compliance@fsu.edu</u> to c | | |
| : | 20. | worked. If you have any questions re | <u>UEXIT-J58B7XK</u> to complete the Stargarding the survey, please contact the Pto. For Faculty exit surveys, please | ff Exit Survey be e Office of Huma | an Resources, |
| ; | 21. | | t Benefits at insurance@fsu.edu to dis , and retirement accounts. State insurantinues or resumes within a specific to | ance benefits m | |
| | 22. | PURCHASING CARD (P-Card) – Real and complete the P-Card Holder Terr | eturn P-Card to the P-Card Administra mination Request in <u>SpearMart</u> at leas | | |
| : | 23. | TRAVEL CARD (T-Card) – A minimudestruction. Submit Concur expense | ım of two weeks prior to separation, re report for all available T-Card charge | | our supervisor for |
| : | 24. | PROPERTY – Return all equipment (Custodian. The FSU_DPT_AM_PROresponsibility in the department. | computers, lab equipment, uniforms e PPERTY_ROLES query can be run to | | |
| · ; | 25. | | ERIALS – Researchers provided labor samples for disposal in accordance w ent must be certified by an Environmen | ith the FSU Safe | ty Manual. |
| : | 26. | | DDRESS and PHONE – Please provialling address or telephone number to address. PRINT the upd | ensure all notice | es and forms |
| Street or P.O. Bo | ΟX | | City State | • | Zip |
| Phone (including | | , | | | |
| : | 27. | RECEIVE ELECTRONIC W-2 – Pleas the consent agreement, no action is | | . เז you have alre | eady accepted |
| | 28. | RETIREE EMAIL – Retiring employe NO, I am not interested in | es can maintain access to their Univermaintaining access to my University | • | be disabled. |

III. IMPORTANT EMPLOYEE INFORMATION: Please review the following and note relevant information.

TAX SHELTERING: A portion of the annual and/or sick leave payments may be tax deferred. Employees must notify the Office of Human Resources-Benefits (retirement@fsu.edu) within 10 business days following the date of separation. Failure to notify benefits and set-up the deferral account, will result in your leave payout being paid to you minus applicable taxes.

| Employee's Last Name, First, Middle Initial | Employee ID and Record Number | Termination Effective Date |
|---|---|---|
| | ut to <u>FSU's voluntary 403(b) plan</u> . The Leav nailed to <u>retirement@fsu.edu</u> within 10 day | |
| The Leave Payout 403(b) Deferral Author | ut to a 457 with the <u>Florida Deferred Compe</u> rization (pg.5) must be emailed to <u>retirement</u> of the property o | nt@fsu.edu and |
| NO, I am not interested in tax sheltering a | and request payment of my accrued leave | (if applicable). |
| LEAVE RECORDS, PAYOUTS and TRANSFERS: Maximum lifetime annual leave payouts are 240 hours for Employees must have completed a minimum of 10 full yel leave balance. The maximum amount of sick leave hours employee's total sick leave hours, up to 1,920, which equa 2011, shall not be paid for unused sick leave. Annual, sich fund transfer/direct deposit, the same as a regular payche REMEMBER: Do not close your bank account unless | ars of FSU service to be eligible for payme for which an employee may receive payme ates to a maximum of 480 hours in payment, and compensatory leave payments are is eck unless funds are tax sheltered. | nt of a portion of their sick ent is one-fourth of the it. Faculty hired after May 6, |
| If transferring to another State agency or university, verify balances before requesting a leave transfer. Leave will be this document. Also, verify what documents are required to | e transferred to the receiving agency once | |
| Are you transferring your annual leave to another Sta | ite agency or university? | NO |
| Are you transferring your sick leave to another State a | agency or university? YES | NO |
| If YES: Name of agency or university | | |
| Number of hours to be transferred: Annu | ıal Sick | |
| SICK LEAVE POOL: FSU Sick Leave Pool members ma upon separation. The hours donated will be deducted from leave transfer. | | |
| Do you wish to donate to the SLP? | NO If Yes, number of hours | |
| FSU ID CARD: Employees may continue to use their card facilities is curtailed effective the date of separation. Empl 7777) for a retiree card. | | |
| OTHER PAYCHECK DEDUCTIONS AND INFORMATIO support, etc., contact your financial institution or appropria | | |
| EMAIL : Per <u>4-OP-H-13 Electronic Mail Policy</u> , separated Microsoft 365 applications. | employees will generally lose access to Un | iversity email and other |
| OMNI LIMITED ACCESS: You will need to maintain your June 1 st of the year following your termination date. The a pay advices, (3) view/print your annual W-2 Tax and Wag | access will allow you to (1) update your add | |
| NOTE: In accordance with Section 112.3185(4), Florida 8 employment with a private business entity in connection we employee within two years of retiring or separating. Quest Relations at 644-6475. | vith any state contract in which they had re | sponsibility while an |
| Leave payouts issued to eligible employees are not pa Pending checklist items may further delay the separa I UNDERSTAND THE ABOVE RESPONSIBILITIES AND | tion payout. | |
| Employee's Signature | Date | |

Date

Supervisor's Signature



282 Champions Way PO Box 3062410 Tallahassee, FL 32306-2410 Phone: (850) 645-2303 Fax: (850) 645-9509

Leave Payout 403(b) Deferral Authorization

[Note: For deferrals to a 457 Deferred Compensation account, please complete paperwork linked in Section C]

| A. | Employee Information: | | | | |
|------|--|--|---|---|--|
| | Name (Last, First) | | OMNI ID# | | |
| | Email Address | | Daytime Phone Number | | |
| В. | Leave being deferred: | | | | |
| | Annual Leave payor | ut Sick Leave pay | out/ | Compensatory Leave | e Payout |
| c. | Indicate the type of acc | count: | | | |
| | 403(b) Tax-Sheltere | d Annuity (Pre-tax) | Roth 40 | 03(b) (Post-tax) | *457 Florida Deferred Compensation |
| | *To defer leave payout and submit the docume | • | | • | s From Special Supplemental Pay forms y@myfloridacfo.com. |
| | Indicate the amount yo "*Indicate "Max" to defe | | | • • | |
| | Vendor | Amount (specify \$ or %) | | | |
| | TIAA | | | | |
| | Corebridge Financial | | | | |
| | Voya Financial | | | | |
| Ξ. Ι | Additional Action: Enroll and/or confir | m active salary deferra | al in Retire | ement@Work | |
| | Submit the required | d account contract(s) fo | or the sele | cted vendor(s) | |
| =. / | Acknowledgement, autl | norization and signatur | re: | | |
| | salary deferral, with the vendor selected vendor(s). I understand processed will result in my payous IRS Contribution Limits: The 40 the federal government's Thrift Deferral Authorization: This Leathat this agreement is legally bithe deferred amounts stated in | (s) selected above, through the distantial that failure to enroll in active out being issued through elect 2(g) annual limit includes elect Savings Plan, including contril ave Payout 403(b) Deferral Aunding and irrevocable with rest this authorization; for any over the distantial that is a section of the distantial that is a sec | ne Retirement e salary defer cronic fund tra tive deferrals butions to otl athorization for spect to amore crestatement | e@Work portal, and I hav rals and/or complete the ansfer/direct deposit. to 403(b) plans, includin her employer plans. orm must be signed in or unts earned while it is in of the amounts excludat | n a 403(b) Tax-Sheltered Annuity and/or Roth 403(b) e submitted the required account contract(s) for the vendor contract(s) prior to my leave payout being g Roth, Tax-Deferred and the SUSORP, 401(k) plans and der to be processed. By signing this form, I understand effect. In addition, I am responsible for the accuracy of ble as a leave payout deferral in this agreement; or any al taxes, interest and penalties that may be assessed. |
| | Employee Signature | | | | Date |

** Submit completed form to the HR Retirement office, via fax to (850) 645-9509, or email: retirement@fsu.edu **