

# ASU-Newport Employee Check-Out Form

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

## Forwarding Address:

Street/Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Upon termination, an employee must have signatures (in the order listed) indicating all obligations to the University have been cleared prior to receiving the final paycheck.

### **BUSINESS OFFICE**

### **DATE**

Cashier \_\_\_\_\_

DMV Record \_\_\_\_\_

**BOOKSTORE** \_\_\_\_\_

**LIBRARY** \_\_\_\_\_

**PURCHASING** \_\_\_\_\_

**VC FOR ACADEMIC AFFAIRS** \_\_\_\_\_

(Academic Personnel Only)

### **HUMAN RESOURCES**

Keys \_\_\_\_\_

Medical \_\_\_\_\_ Dental \_\_\_\_\_ Life & Disability \_\_\_\_\_ Vision \_\_\_\_\_

Vacation Hours \_\_\_\_\_

Comp Hours \_\_\_\_\_

## **Release of Final Paycheck**

**HUMAN RESOURCES** \_\_\_\_\_

This is to verify that the above employee has completed the check-out process and is cleared for receipt of final paycheck.

NOTES: \_\_\_\_\_

\_\_\_\_\_