University of Pikeville
Employee Check-Out Procedure Form
For Faculty & Staff leaving employment with the University
(To be completed on final day of employment)

Name: ___________________________ Date: ___________________________

Address (if changing): _________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Phone (if changing): _________________________________________________

Please have the following persons, if appropriate, sign this form to signify clearance by that department. This procedure **MUST** be completed and returned to the Human Resources office before a final check will be released.

Registrar: ___________________________ Date: ___________________________

Dean: ___________________________ Date: ___________________________

ITS: ___________________________ Date: ___________________________

Security: ___________________________ Date: ___________________________

Facilities: ___________________________ Date: ___________________________

Business Office: ___________________________ Date: ___________________________

Human Resources: ___________________________ Date: ___________________________

Allara Library: ___________________________ Date: ___________________________

Medical Library: ___________________________ Date: ___________________________