

## EMPLOYEE SEPARATION CHECKLIST FORM

All employees separating from employment must complete this form. (Classified employees are required to provide a minimum of 14 days written notice of resignation/retirement. Unclassified employees are required to provide a 30 day written notice of resignation/retirement). Written notification of separation must be received by the Office of Human Resource Services at least 2 weeks prior to the last day.

In separating from SUNY Maritime College, an employee must return all State property and pay any outstanding debts. This form MUST be completed by the last day of work in order to be issued final payments. A list of the departments has been provided for your convenience. Should you have any questions on returning any item assigned to these offices, please call the appropriate offices as noted. Once this form is completed, it must be returned to the Office of Human Resource Services.

<b>EMPLOYEE NAME:</b>	<b>TITLE:</b>	<b>DEPARTMENT:</b>
<b>EMPLOYEE TYPE:</b> __ Faculty __ Staff	<b>EFFECTIVE DATE OF SEPARATION:</b>	<b>NAME OF SUPERVISOR/CHAIR:</b>

ITEMS TO RETURN/ADDRESS	DEPARTMENT	PHONE NUMBER	APPLICABLE TO EMPLOYEE	DATE COMPLETED	SIGNATURE
Department Equipment	Your Home department	Contact your supervisor/Chair	Yes or No		
Cellular/Telephone Bills	Your Home department	Contact your supervisor/Chair	Yes or No		
Equipment (projectors, laptops, iPads, Cell phones, etc.)	Information Technology	718-409-6917	Yes or No		
Citibank Purchasing Card	Business Affairs	718-409-7349	Yes or No		
Citibank Travel Cards	Accounting	718-409-7773	Yes or No		
Library Materials (Books, Magazines, Newspapers, etc.)	Stephen B. Luce Library	718-409-7231	Yes or No		
Keys	Facilities	718-409-7323	Yes or No		
College ID Card	University Police	718-409-7311	Yes or No		
Parking Decal	University Police	718-409-7311	Yes or No		

**Additional items to consider:**

- Please communicate all address changes for W-2's issued for the current or subsequent year. To report an address change, please complete the Address Change Form:  
[http://www.sunymaritime.edu/media/documents/2008/1/10/address\\_change\\_form.pdf](http://www.sunymaritime.edu/media/documents/2008/1/10/address_change_form.pdf)
- Benefits – If you have additional questions about your benefits/compensation contact the Office of Human Resources at 718-409-7303.
- Complete/Submit your final timesheet/attendance record online at <http://www.suny.edu/time>

**Supervisor's Responsibilities:**

- Have the employee complete their timesheet/attendance record online at <http://www.suny.edu/time>
- Verify that the employee has returned all department equipment (cell phones, laptops, etc.) and records.
- Verify that you have contacted the Controller of SUNY Maritime College to terminate online access if applicable (PayServ, SUNY Portal, SMRT etc.).
- Verify that you have completed the account termination request form and submitted to IT.

**I certify that I have completed all the supervisor's responsibilities listed above. I further affirm that all actions have been completed before the employee's last day of employment.**

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Name of Supervisor/Chair (Please Print) Signature Date

**I certify that all property of the college has been returned and outstanding debts have been paid.**

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Name of Employee (Please Print) Signature Date

**FAILURE TO COMPLETE THIS FORM PRIOR TO THE EMPLOYEE'S SEPARATION WILL DELAY FINAL SALARY PAYMENTS. PLEASE RETURN THE COMPLETED FORM TO THE OFFICE OF HUMAN RESOURCE SERVICES.**

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**Human Resource Services**

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Name of HR (Please Print) Signature Date