A terminating employee must complete a Termination Clearance Form (enclosed) and submit it to the UAM Personnel Office. This includes all full-time faculty and staff. The immediate supervisor is responsible for informing the terminating employee of the need to complete the Termination Clearance Form. The form is obtained from the immediate supervisor and it is the responsibility of the employee to complete it. An employee’s last paycheck will not be released until the completed form is received by the UAM Personnel Office.
UNIVERSITY OF ARKANSAS AT MONTICELLO
TERMINATION CLEARANCE FORM

NAME ____________________________________________

PRESENT ADDRESS * ________________________________

________________________________________________

LAST DAY OF EMPLOYMENT ________________________

EMPLOYEE’S SIGNATURE ___________________ DATE __

NOTE: This form must be received by the UAM Personnel Office in Sorrells Hall before the last paycheck will be released. The final paycheck will not be direct deposited. The final paycheck may be picked up in the Personnel Office or mailed upon written request. The signatures below indicate your clearance from each area. All signatures must be obtained on this form in the order listed.

1. UNIT/DEPARTMENTAL PROPERTY RETURNED AND WRITTEN RESIGNATION RECEIVED:

________________________________________
IMMEDIATE SUPERVISOR DATE _____________

2. FINAL GRADES RECEIVED (FACULTY ONLY):

________________________________________
REGISTRAR DATE _______________________

3. KEYS RETURNED:

________________________________________
PUBLIC SAFETY DATE __________________

4. LIBRARY BOOKS RETURNED:

________________________________________
LIBRARIAN DATE _______________________

5. TRAVEL ADVANCES REPaid, ACCOUNTS RECEIVABLE NOTIFIED, AMERICAN EXPRESS/DINERS CLUB CANCELED:

________________________________________
V/C FOR FINANCE AND ADMINISTRATION DATE _______

6. COBRA, LIFE INSURANCE, LONG TERM DISABILITY INFORMATION ISSUED:

________________________________________
PERSONNEL REPRESENTATIVE DATE __________

*Forwarding address for final check if different from above:

________________________________________

Revised 1/13/98