

**FOR HUMAN RESOURCES
EMPLOYMENT OFFICE
USE ONLY**

If exiting employee is a primary/secondary spouse:

Their Spouse ID# : _____

Spouse Old BenCat : _____

Spouse New BenCat : _____

Farewell Check Information:

Hire Date ___ / ___ / ___

Process Farewell Check

NO Farewell Check

Employment Manager Signature

FACULTY/STAFF EXIT PROCEDURE

Please let us take this opportunity to say THANK YOU for the valuable contributions you have made to Andrews University and its mission.

In order to ensure a smooth transition from Andrews University, please complete this form with the appropriate information and signatures to do a final “check out”. This form details the appropriate exit procedure process and will not only assist us in clearing necessary records but will also ensure that you receive your last check in an accurate and timely manner.

When completed, please submit the completed form to the Human Resources Employment Office, Room 213, in the Administration Building. If you have questions as you complete the form, please call ext. 3570.

Thank you for your assistance, time and effort in completing this process!

We want to wish you God’s blessings and good health in your new endeavors.

Exit Procedure

ID# _____

Name _____, _____
Last First

New Address: _____

FACULTY ONLY – Academic Records

(academicrecords@andrews.edu)

_____ Yes No Grades turned in

_____ Yes No Registrar Office given authorization for future
grade changes

STAFF ONLY – Employee’s Supervisor

Last day of work (mm/dd/yy) ___ / ___ / ___

Unused paid-leave time: Hours (hourly) _____

Unused vacation time*: Days (salaried) _____ (indicate negative if applicable)

***per policy, if balance is negative, payroll will adjust and recover**

Check here if you have approved all monthly leave reports

(Supervisor’s Signature)

FACULTY, SALARIED AND HOURLY STAFF

Employee: Please obtain a signature from each office indicated on the next section
whether or not they apply to you (or you have/don’t have the item referred to).

Department: please sign on your individual department’s line(s) provided and check
“Yes” if task was completed or “NA” if it does not apply to employee.

_____ Yes NA Equipment/accessories ([Your Department](#))

_____ Yes NA Email Account/computers (helpdesk@andrews.edu)

_____ Yes NA University Archives (archives@andrews.edu)

_____ Yes NA Plant Administration (aukeys@andrews.edu)

_____ Yes NA Update Information (www.andrews.edu/go/myaddresses)

_____ Yes NA Cleared Account (financialrecords@andrews.edu)

_____ Yes NA Corporate Credit (financialrecords@andrews.edu)

_____ Yes NA Salaried staff monthly leave report (payroll@andrews.edu)

_____ Yes NA Employee ID Card (employment@andrews.edu)

*Telephone calling cards and access to Banner and/or Redwood accounts will be disabled automatically, unless prior arrangements are made. In addition, library books that you have checked out will need to be returned.

This is to verify that as of (mm/dd/yy) ___ / ___ / ___ I am
(please check one):

retiring from Andrews University. Additionally, **please check any that apply** (*NOTE your department must submit paperwork for either option*):

I am retiring but will continue on in a paid capacity (regular/adjunct)

I am retiring but will continue on in an unpaid capacity

I have been granted emeritus status (need emeritus ID card)

voluntarily resigning from Andrews University.

involuntarily ending my employment with Andrews University.

Optional comments or suggestions: _____

Signature: _____ Date _____

We sincerely appreciate the contribution you have made to Andrews University and pray for the best in your new endeavors!