

ST. CLOUD STATE UNIVERSITY

A tradition of excellence and opportunity

Change in Employment Status Checklist

To be completed by Employee's Supervisor

Employee Name _____ Tech ID _____

Supervisor Name _____ Date _____

Type of Employment Status Change (check one):

Retirement Effective Date _____ Resignation/Termination Effective Date _____

Sabbatical Begin Date _____ End Date _____

Leave of Absence Begin Date _____ End Date _____
 Paid Unpaid

Transfer Department/Unit Leaving _____ End Date _____

Position _____

Department/Unit Joining _____ Begin Date _____

Position _____ New Supervisor _____

TO BE RETURNED TO HUMAN RESOURCES WITHIN FIVE BUSINESS DAYS OF COMPLETION

A list of the possible University areas that must be notified of the change in status of an employee appears below. Check all applicable privileges and/or materials assigned from each area and note the dates of notification and completion. A written record of notification and confirmation is required; printed copies of e-mail messages are preferred. **Once ALL confirmation responses have been received, sign and return the completed form with notification and confirmation printouts to Human Resources.** Click on the links below to open an e-mail message to notify that area of a change in an employee's status.

<u>Area to be notified/Privilege</u>	<u>Date Notified</u>	<u>Date Completed</u>	<u>Area to be notified/Privilege</u>	<u>Date Notified</u>	<u>Date Completed</u>
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Campus Card

- ID Card
- Privileges

Business Services

- Accounts Receivables (Fines, Parking Tickets, etc.)
- Account Responsibility
- ISRS/PCS Rights
- ISRS/Student Payroll Rights
- MAPS
- Purchasing/Credit Card(s)
- Consumable Inventory Rights
- Cost Allocation Rights/Charge backs

Information Technology Services

- ISRS Access
- MnSCU Security Rights
- Replicated Database Rights
- Data Warehouse
- Long Distance Code
- Voice Mail

<u>Area to be notified/Privilege</u>	<u>Date Notified</u>	<u>Date Completed</u>
<u>Human Resources</u>	_____	_____
<input type="checkbox"/> Benefits <input type="checkbox"/> Employee Exit Questionnaire <input type="checkbox"/> ADA Equipment <input type="checkbox"/> Retirement <input type="checkbox"/> Resignations <input type="checkbox"/> SEMA4		
<u>Inventory Control</u>	_____	_____
<input type="checkbox"/> State Equipment <input type="checkbox"/> ADA equipment (refer to HR)		
<u>University Library</u>	_____	_____
<input type="checkbox"/> HuskyNet Accounts - File Services - Web Services - E-Mail <input type="checkbox"/> Materials/Equipment from Circulation		
<u>Public Safety Department</u>	_____	_____
<input type="checkbox"/> Parking Permit/Access <input type="checkbox"/> Outstanding Parking Tickets <input type="checkbox"/> Future Parking Privileges <input type="checkbox"/> Keys		

Supervisor Responsibilities

How to best handle the items/areas listed below will vary, depending on the department, as many of these are internal to the department and will not involve other areas of campus. The supervisor should review the list and make sure that all items are addressed.

Department/Campus Unit

- Department Lock Combinations
- Department Security Codes
- Employee Evaluations
- Files/Documentation
 - Hard copies (in file cabinets)
 - Electronic copies (on computers, servers)
- ID Badges
- Personal Property at Workplace
- Protective Equipment
- Tools

Technical Support

- Accounts/network privileges
- Removed from distribution lists, listservs
- Wipe data/recycle desktop computer

University Equipment/Hardware/Software

(including work-related items taken home)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Laptop Computer |
| <input type="checkbox"/> Pager | <input type="checkbox"/> Software |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Other?? |
| <input type="checkbox"/> PDA | |

Web Content

- Campus
- Department

Special Instructions/Comments:

The above reflects an accurate accounting of access, obligations, and university resources provided to the employee. I hereby certify that the above have been completed.

Supervisor Signature: _____ Date: _____