

INSTRUCTIONS FOR TERMINATION CLEARANCE

All University of Cincinnati employees who are leaving their employment are required to participate in an exit process. The process includes:

- Securing of items, including but not limited to, the employee's identification card, uniforms, keys, parking decal, credit cards
- Review of the departing employee's benefit coverages, including options to continue certain coverages
- Persons enrolled in medical and/or dental coverage through the University at the time of termination may be eligible to arrange for continuation of these same coverages for a maximum period of 18 months. Eligible employees will receive a letter from Benefits Administration explaining eligibility for continuation of coverage, premium rates and when payments will be due
- Review of delinquent obligations the employee might owe the University
- Obtaining a forwarding address

PROCEDURE

The terminating employee **must** schedule an exit interview meeting with the Human Resources Service Center prior to the last day of work. The clearance form should be presented to the University of Cincinnati Human Resources Service Center Office, 51 Goodman Drive, Suite 340 University Hall during the benefit counseling appointment.

- The terminating employee must visit each clearance location **prior to termination of employment** and obtain the necessary "sign-off." The **completed** form should be returned to the Human Resources Service Center ML 0039.
- **THE FINAL PAYCHECK WILL BE RELEASED ON YOUR NEXT SCHEDULED PAYROLL DATE SUBSEQUENT TO COMPLETION OF THE TERMINATION PERSONNEL CHANGE REQUEST FORM (PCR) BY YOUR DEPARTMENT.**

CLEARANCE LOCATIONS

Public Safety (Keys and Id's)	
Clifton Campus Units.....556-4925	3 Edwards Bldg.
Medical Center Units.....556-4925	3 Edwards Bldg.
Branch Campuses	College Business Office
Public Safety (Parking Services)	
Clifton Campus Units....556-2283	4 Edwards Bldg.
Medical Center Units....556-2283	4 Edwards Bldg.
Branch Campuses	College Business Office
University Human Resources Service Center	
All units and	Room 340 University Hall
Branch Campuses.... 556-6381	51 Goodman Drive

Name _____
Last First MI

SS# _____ Today's Date _____

TERMINATION CLEARANCE FORM
PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS AND PROCEDURES

Department _____ Job Title _____

Forwarding Address _____
City State Zip code

Termination Date _____ Last Day Worked _____

Full-time _____ Part-time _____ Resignation _____ Retirement _____

**University Human Resources
Service Center**

	<u>Applicable</u>	<u>Not Applicable</u>	
Retirement: Plan _____	_____	_____	_____
Medical/Dental Insurance	_____	_____	Authorized Signature
Life Insurance/LTD/LTC	_____	_____	_____
Bearcat Card/Amex Card	_____	_____	_____
Tuition Remission	_____	_____	Job Title
Credit Union/Rowe Loan/Walk To Work	_____	_____	_____
Flex Spending Accounts	_____	_____	Date

Department Property Clearance

Tools-Equipment	_____	_____	_____
Department Keys	_____	_____	_____
Uniform(s)	_____	_____	Authorized Signature
Car Rental/Gas Credit Cards	_____	_____	_____
Copier Key/Code	_____	_____	_____
Cell Phones/Pagers	_____	_____	Job Title
CGIS Sign on Code	_____	_____	_____
Infoswitch Code	_____	_____	_____
Purchasing Card	_____	_____	Date
Auto – Valet Card (Scrub)	_____	_____	_____
Lab Equipment/Tracking	_____	_____	_____

Keys and ID's

Photo I.D. Badge	_____	_____	_____
University Bldg/Door Keys	_____	_____	Authorized Signature

			Job Title

			Date

Parking Services

Parking Decal(s)	_____	_____	_____
Garage Card	_____	_____	Authorized Signature
Auto License# _____	_____	_____	_____
Auto License# _____	_____	_____	_____
			Job Title

			Date