

MURRAY STATE UNIVERSITY
Employee Clearance Record

| | | |
|------------------------|-------------------------|-------------------------------|
| Date Typed | Last Day of Work | Last Day of Paid Empl. |
| Employee's Name | Department | MSU ID# |

Each department must submit this form to Human Resources and the Payroll Office immediately upon receiving notification that a faculty or staff employee is terminating his/her employment with the university.

Complete the above portion of the form; submit the first sheet to Human Resources and the second sheet to the Payroll Office. Give the last page to the terminating employee to obtain proper signatures for clearance.

Personnel Action Form #3 must be submitted through the normal channels as soon as the necessary information is available for processing

First Sheet-Human Resources

MURRAY STATE UNIVERSITY

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Second Sheet-Payroll Office

MURRAY STATE UNIVERSITY

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| | |
|--------------------------|----------------------|
| Human Resources Use Only | |
| Copy to: | |
| <input type="checkbox"/> | Payroll |
| <input type="checkbox"/> | Bursar |
| <input type="checkbox"/> | Info. Systems. |
| <input type="checkbox"/> | Transportation |
| <input type="checkbox"/> | Racer I.D |
| <input type="checkbox"/> | Residential Colleges |
| <input type="checkbox"/> | Procurement |

| | | |
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| Employee's Name | Department | MSU ID# |

The following signatures verify that this employee has properly accounted for books, building keys, equipment, supplies and such other property of Murray State University as previously assigned to him/her.

| DEPARTMENT TO BE CLEARED | REQUIRED SIGNATURES | |
|---|--|-------|
| Faculty/Staff Department | _____ | _____ |
| | Academic Dept. Chair/Admin. Director | Date |
| University Library | _____ | _____ |
| | Dean of Libraries or Designee | Date |
| Public Safety | _____ | _____ |
| | Director of Public Safety or Designee | Date |
| Bursar's Office | _____ | _____ |
| | Bursar or Designee | Date |
| Payroll | _____ | _____ |
| | Payroll Manager or Designee | Date |
| Grants Accounting (Principal Investigator) | _____ | _____ |
| | Grants Accounting (2 nd Floor Sparks Hall) (Signature required if paid from Grant Funding) | Date |
| Human Resources | _____ | _____ |
| | Director of Human Resources or Designee | Date |

| | |
|--|--|
| Human Resources Use Only | |
| <input type="checkbox"/> Review of Terminal Vacation/Final Timesheet | Retiree <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Review of Benefits (<i>complete second form</i>) | |
| Return the following cards: | |
| Racer I.D./Wellness Card <input type="checkbox"/> Yes <input type="checkbox"/> N/A | American Express <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| MSU CDL Participant Card <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Purchasing Card <input type="checkbox"/> Yes <input type="checkbox"/> N/A |

| | |
|--|---------------------------|
| <input type="checkbox"/> I understand my MSU email and all Google content will be deleted 60 days from my Last Day of Paid Employment. | |
| Employee Signature: _____ | Forwarding Address: _____ |
| Date: _____ | Contact Phone #: _____ |

Employee Clearance Record Flow Chart

