

SEPARATION FROM PURCHASE COLLEGE

Employee: _____ Department: _____
(Please Print)

Last day/date of employment: _____

Prior to departing the college, employees must complete this form. You must obtain clearance from all the offices indicated below before your departure. The processing of your vacation payout (if applicable) may be delayed if you fail to complete the form. When all signatures have been obtained, please deliver this completed form to the Payroll Office. Please note that it is **your** responsibility to see that all signatures are obtained in a timely fashion and the form is received in Payroll.

1. The above named employee has no outstanding time and attendance records in the Time and Attendance System

(Date) (Department Immediate Supervisor)

2. The above named employee has no outstanding traffic fines.

(Date) (Director of Parking Dept. or Designee)

3. The above named employee has no outstanding debts (salary advances) due to the Purchase College Association.

(Date) (Executive Director of PCA or Designee)

4. The above named employee has no outstanding debts (travel advances) due to Accounts Payable & does not need to reimburse the college for moving expenses. The employee has notified the Purchasing Office of his/her leave from campus for equipment inventory purposes.

(Date) (Director Purchasing & Accounts Payable or Designee)

5. The above named employee has no outstanding debts or property due to the Library.

(Date) (Director Library or Designee)

6. The above named employee has no outstanding debts/phone charges or property belonging to CTS.

(Date) (Director of Campus Technology Services or Designee)

By my signature below I attest that the above named employee has no college property including credit cards, keys (office/building keys), electronics (laptop or any other portable electronic devices), college identification or identification cards issued by the College, Purchase College Foundation, or this department in his/her possession.

(Date) (Immediate Supervisor)

I certify that I have obtained all the signatures above, I have returned all college equipment, satisfied any fines or advances (if applicable) & will submit any outstanding time sheets including a final time sheet. I authorize Payroll to mail out remaining paychecks/advices to the following address:

_____, _____, _____, _____
Address/Apt. # City State Zip

(Date) (Employee Signature)

Please send this completed form to the Payroll Office

Revised 08/2017