EMPLOYEE EXIT FORM

Heidelberg UNIVERSITY

TODAY'S DATE:		*EMPLOYEE (OASIS) ID#:*	
EMPLOYEE NAME:			
POSITION:		*LAST DATE WORKED:*	

W-2's, 1099's, and other important documents are mailed to the address on file. If you have a forwarding or permanent address, it is important to include it below.

FORWARDING MAILING ADDRESS: *PERSONAL EMAIL ADDRESS:*	
HEIDELBERG EMAIL:	@heidelberg.edu
ARE YOU A HEIDELBERG ALUM?	☐ YES ☐ NO
ARE YOU RETIRING?	☐ YES ☐ NO
INCOMING EMAIL:	I have forwarded my email to: _____
M: DRIVE SHOULD BE:	☐ ERASED ☐ PROVIDED TO: _____
Any Other Computer Files?	☐ NONE ☐ SHARED WITH: _____
*NOTE: A balance that is not paid in full will be applied to **your final paycheck which will be reduced** by any amount owed.*	I have checked with the Business Office and: ☐ I HAVE NO BALANCE ☐ BALANCE PAID IN FULL ON: _____ ☐ I UNDERSTAND ANY BALANCE WILL BE DEDUCTED FROM MY FINAL PAY.
EMPLOYEE CREDIT CARD:	☐ NO CARD ☐ RETURNED TO BUSINESS OFFICE ON: _____
HEIDELBERG ID: *(Alumni & Retirees can keep ID)*	☐ RETURNED ON: _____ to _____
KEYS (return to Krammes):	☐ RETURNED ON: _____ to _____
EQUIPMENT/LAPTOP/i-PAD	☐ RETURNED ON: _____ to _____
CONTINUE BENEFITS UNDER COBRA? (check all that apply)	☐ MEDICAL / RX ☐ DENTAL ☐ VISION ☐ FLEXIBLE SPENDING
CONVERT LIFE AND / OR LTC BENEFITS? (check all that apply)	☐ UNUM LONG TERM CARE ☐ MUTUAL OF OMAHA LIFE INS.
FOR RETIREES (with 10 years of service), PLEASE SELECT:	☐ CAPTAIN'S CHAIR ☐ ROCKING CHAIR
FOR RETIREES, DO YOU WISH TO RETAIN A LIBRARY MEMBERSHIP?	☐ NO ☐ YES
EMPLOYEE SIGNATURE:	
SUPERVISOR SIGNATURE:	

Return this form to Human Resources.

Date Form Received: _____   Distribution Date: _____