HOUSE OFFICER EXIT CHECKLIST
UNIVERSITY OF NEBRASKA MEDICAL CENTER
TO BE COMPLETED BY THE EMPLOYEE with the PROGRAM COORDINATOR

EMPLOYEE NAME:____ TITLE:____

DATE:____

☐ OBTAIN LETTER OF RESIGNATION (if applicable)
☐ REASON FOR LEAVING:____
☐ FORWARDING ADDRESS:____
____
☐ NEW PHONE NUMBER:____

☐ WILL THE BANK ACCOUNT BE AVAILABLE FOR THE LAST AUTOMATIC PAYROLL DEPOSIT? _____YES _____NO
(If NO, PROVIDE OTHER ARRANGEMENTS)

☐ CONTACT DANA TEETERS (559-5911) for UNMC BENEFITS COVERAGE INFORMATION

IT IS THE RESPONSIBILITY OF THE DEPT/UNIT ADMINISTRATOR TO SEE THAT THE FOLLOWING ARE COMPLETED:
RETURN OF UNMC/DEPARTMENT PROPERTY:

☐ PAGER	RETURN TO:____
☐ CELLULAR PHONE	RETURN TO:____
☐ PARKING	REMOVE STICKER FROM VEHICLE
☐ COMPUTER EQUIPMENT	RETURN TO:____
☐ BOOKS	RETURN TO DEPARTMENT
☐ MANUALS	RETURN TO DEPARTMENT
☐ TAPES	RETURN TO DEPARTMENT
☐ VERIFY ALL DOCUMENTS ARE ELECTRONIC SIGNED IN CARECAST	
☐ VERIFY NO OUTSTANDING HOSPITAL DICTATION	
☐ OTHER	____

SECURITY, IDs, PASSWORDS

☐ ID CARD	RETURN TO:____
☐ KEYS	RETURN TO CAMPUS SECURITY

I CERTIFY THAT I HAVE NO UNPAID UNIVERSITY BILLS, HAVE RETURNED ALL UNMC PROPERTY AND HAVE REMOVED THE CAMPUS PARKING PERMIT FROM MY VEHICLE(S).

____ ____________________ PLEASE RETURN COMPLETED FORM TO:
Employee Signature Date
____

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TO BE COMPLETED BY DEPARTMENTAL ADMINISTRATION OFFICE:

☐ PERSONNEL ACTION FORM
(GME notified)

☐ VACATION HOURS TO BE PAID________________
(Notify Payroll)

☐ PERSONNEL CHANGE FORM (change address)
☐ SEND COPY OF RESIGNATION LETTER TO GME
☐ DELETE DEPARTMENT MAIL BOX
☐ SEND OUT NOTIFICATION OF DEPARTURE TO DEPARTMENT SECTIONS

Please contact______________________________for questions or revisions to this form.

Drafted by GME 04/01/04