

**The University of Texas Health Science Center at San Antonio  
EXIT/CLEARANCE FORM**

This form should be completed between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday on your last working day

**SECTION I:** (See reverse side for instructions)

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Last Day on Payroll: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_  
 Title: \_\_\_\_\_ Employee IDN: \_\_\_\_\_ Contact Phone #: ( ) \_\_\_\_\_  
 Forwarding Address: \_\_\_\_\_

Purpose of Clearing:  Transfer  Termination  Retirement  Leave of Absence (specify): \_\_\_\_\_  
 (Examples: Military, FMLA: Parental; Worker's Comp.)

**SECTION II:**

| <b>Clearance Areas</b>  | <b>University Property</b> | <b>Clearing Department Signature</b> | <b>Date</b> | <b>Employing Dept.<br/>N/A Initial</b> |
|---|----------------------------|--------------------------------------|-------------|--|
| 1. <b>Employing Department</b> .....<br>All University property, including software and textbooks, has been accounted for in the employing department.  |                            | _____                                | _____       | XXXXXXXX                               |
| 2. <b>BCHD Protective Services/</b> ..... Keys/Parking Passes<br><b>Employee Registration</b><br>(Rm 014, Sub-Level, MCH)   |                            | _____                                | _____       |  |
| 3. <b>University Police</b> ..... Keys/Access Cards<br>(Parking Service Office) Permits/Traffic Records   |                            | _____                                | _____       | XXXXXXXX<br>XXXXXXXX                   |
| 4. <b>General Services (Linen)</b> ..... Lab Coats/Uniforms<br>(Rm 1.346, DTL School)   |                            | _____                                | _____       |  |
| 5. <b>Lab Animal Resources</b> ..... Animals/Protocols<br>(Rm 113D, MED School)   |                            | _____                                | _____       |  |
| 6. <b>Environmental Health &amp; Safety</b> .... Radioactive materials/<br>(Rm 1.343T, DTL School) Radiation producing devices  |                            | _____                                | _____       | XXXXXXXX                               |
| 7. <b>Cashier Window (Bursar)</b> ..... Outstanding Obligations<br>(3rd Floor, MED School) (Corporate Card)   |                            | _____                                | _____       | XXXXXXXX                               |
| 8. <b>Grants Management</b> ..... Research/Grant Accounts<br>(Rm 400L, MED School)  |                            | _____                                | _____       |  |
| 9. <b>Institutional Review Board</b> ..... Research Involving<br>(Rm 225L, MED School) Human Subjects<br>For individuals conducting research call IRB (ext 2351) to confirm that no protocols are active. |                            | _____                                | _____       |  |
| 10. <b>Computing Resources</b> ..... VAX Accts/Equipment<br>(Rm 411L, MED School)   |                            | _____                                | _____       |  |
| 11. <b>Communications Technology</b> ..... Authorization Code/<br>Directory/Cellular<br>Telephone/Long Dist. Card   |                            | _____                                | _____       |  |
| 12. <b>Library</b> ..... Books Journals/Bills   |                            | _____                                | _____       |  |
| 13. <b>Employing Department</b><br>Clearing individual returns pink copy to employing department.   |                            |                                      |             |  |

Department Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Transferring** employees do not need to proceed to Human Resources. Return this form to your original department representative.

**SECTION III:**

Human Resources/Benefits  
(ADM Bldg.)

**Note: All checks received in HR will be mailed to the forwarding address.**

Monthly  Semi-Monthly  Lump Sum  Retirement \_\_\_\_\_  
 Direct Deposit  Sick Leave Pool \_\_\_\_\_  
 Insurance (COBRA)  Exit Questionnaire \_\_\_\_\_

Transfer to another state agency?  Yes  No Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Is position benefits eligible?  Yes  No

I certify that all appropriate areas have been properly cleared. I understand that The University of Texas Health Science Center at San Antonio reserves the right to request the restitution of or payment for any property or the settlement of any outstanding obligations that might have been excluded from this clearance process.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR EXIT/CLEARANCE PROCEDURE

**Purpose:** All keys, identification cards, uniforms and other Health Science Center property and materials must be returned on or before the final day of employment. Equipment must be returned no later than the day before you clear. Failure to properly obtain clearance will necessitate the **withholding of the final paycheck**.

### **Employing department:**

1. The employing department must initiate the "Exit/Clearance Form: upon termination, retirement, leave of absence, or transfer of an employee. (Section I).
2. The employing department completes the employee identification section of the top of the form. (Section I).
3. The employing department shall take full responsibility for all clearance areas that **do not apply** to a departing employee. The supervisor may enter "N/A" (Not applicable and sign his/her initial on the right-hand column. (Section II).
4. The employing department retains pink copy. (Section II).

### **Departing employee:**

1. The departing employee is required to obtain authorized signatures in all clearance areas on the last day worked. This form should be completed between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday. The employee is to hand-carry this form in the order of the departments listed. Student employees must also clear through their respective dean's office. (Section II).
2. Any employee involved in research should clear through Laboratory Animal Resources, Grants Management and Institutional Review Board. (Section II).
3. The **transferring** employee need not proceed to Human Resources. Return all copies of form to original department representative.
4. The departing employee returns pink copy to employing department and proceeds with original and yellow copy to Human Resources. (Section II).
5. The departing employee will sign his/her name and date at the bottom of the form. The Human Resources Representative will be a witness. (Section III).

The Office of Human Resources retains original and yellow copy.