

**The Evergreen State College  
EMPLOYEE CHECK-OUT FORM**

Transfer Agency: \_\_\_\_\_ Separation Date: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_  
(If applicable) (If different)

NAME \_\_\_\_\_ A#: \_\_\_\_\_  
(Last) (First) (M.I.)

**1. KEY SHOP (Lab II 1262):**

*This individual has no keys assigned or has returned all keys assigned to him/her.*

\_\_\_\_\_  
Signature, Key Shop

\_\_\_\_\_  
Date

**2. PARKING OFFICE (SEM I 3157):**

*This individual has returned his/her parking decal(s) and STAR Bus pass, if issued, to the Parking Office.*

\_\_\_\_\_  
Signature, Parking

\_\_\_\_\_  
Date

**3. TECHNOLOGY SUPPORT CENTER (L 2604):**

*This stop is required for account maintenance. An email/phone call to client services to obtain ticket # is sufficient.*

\_\_\_\_\_  
Ticket #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Departing Employee's Supervisor's Name

**4. STUDENT ACCOUNTS/TRAVEL OFFICE (L1112):**

*This individual has no outstanding accounts due to the College or un-reconciled travel or petty cash advances.*

\_\_\_\_\_  
Signature, Student Accounts

\_\_\_\_\_  
Signature, Travel Accountant

\_\_\_\_\_  
Date

**5. REGISTRATION AND RECORDS (L1101):**

*This individual has turned in all credit/evaluation actions and his/her identification card.*

\_\_\_\_\_  
Signature, Registrar

\_\_\_\_\_  
Date

**7. NOTIFICATION OF CANCELLATION OF EMPLOYER SPONSORED BENEFITS:**

*It is understood by the employee that employer sponsored benefits will end on the last day of the month employee is in pay status as per WAC 182-12-114; notification of COBRA rights will be mailed to the employee by the Health Care Authority of Washington. The employee has the right to appeal eligibility decisions to the Health Care Authority of Washington per WAC 182-16-030.*

\_\_\_\_\_  
Signature, Departing Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Supervisor

\_\_\_\_\_  
Date

Employees will be unable to access online information after separating from the college. Please let us know if you would like us to mail or email your last pay advice to you. (Provide address) \_\_\_\_\_  
\_\_\_\_\_ If you have an address update prior to January 10<sup>th</sup> don't forget to contact our office so your W-2 will arrive timely.

**PLEASE RETURN THE COMPLETED FORM TO THE PAYROLL OFFICE (L1126)!!!**