

HARRIS COUNTY PSYCHIATRIC CENTER

EMPLOYEE CHECKOUT

Employee's Name	Employee ID	Department	
Separation Date	Future Phone Contact		
Forwarding Address/Street	City	State	Zip

Instructions: Initial blocks as completed as they apply to your department; mark other blocks as "N/A" that do not apply to your operation.

ITEMS REQUIRING CLEARANCE PRIOR TO SEPARATION DATE

1. Equipment & supplies	<input type="checkbox"/>	9. Passwords	<input type="checkbox"/>
2. Separation PA initiated	<input type="checkbox"/>	10. Keys or key cards returned	<input type="checkbox"/>
3. Cash funds	<input type="checkbox"/>	11. Library, depart./security cards returned	<input type="checkbox"/>
4. Personal drive moved	<input type="checkbox"/>	12. Cell phones/pagers returned	<input type="checkbox"/>
5. Computer access revoked	<input type="checkbox"/>	13. Parking cards reminder to return to TMC	<input type="checkbox"/>
6. Copier code deleted	<input type="checkbox"/>	14. ID badge returned (<i>send immediately to Personnel Systems Management</i>)	<input type="checkbox"/>
7. Long distance code revoked	<input type="checkbox"/>	15. UT Buy card returned	<input type="checkbox"/>
8. Voice mail access code	<input type="checkbox"/>		<input type="checkbox"/>

Additional Comments: _____

