TRANSFER/SEPARATION CHECKLIST
(To Be Facilitated by Manager)

Employee Name ________________________________

University Employee Identification ________________________________

College/Department ________________________________

(Please check when task is completed, and property is returned; Indicate N/A if not applicable)

Is or has employee ever been a CSU student? □ Yes □ No

____ Complete PCN Form

____ Keys

____ University Employee Identification

____ CSU P-Card

____ Cell Phone/Pagers

____ University Home Computer/Laptop

____ Employee Performance Evaluation

____ Files/Other University Property (Please describe):

NOTICE TO EMPLOYEE

SUPERVISOR SHOULD READ TO EMPLOYEE:

EMPLOYEES ARE RESPONSIBLE FOR PAYING ALL DEBT OWED TO THE UNIVERSITY, AS WELL AS BEING RESPONSIBLE FOR RETURNING ALL UNIVERSITY PROPERTY. FAILURE TO COMPLY MAY RESULT IN VACATION PAYOUTS BEING REDUCED AND/OR LEGAL ACTIONS BEING TAKEN AGAINST YOU.

This is to certify that the manager has completed the separation transactions and received the University property indicated above.

__________________________________ CSU

Manager’s Signature/Date

Copies to: Employee, Office of Human Resources

4/11/2024