

Return American Express card

□ Return UNBC ID card

Signature - Payroll Administrator

EXIT CHECKLIST FOR FACULTY ASSOCIATION MEMBERS

Instructions: Article 19.6.5 of the UNBC Faculty Agreement requires members to fulfill specific material and financial obligations to the university by the last date of employment. Please complete and return this form to the Human Resources Department on or shortly before your last day on the university campus. Name: _____ Employee #: _____ School/Program: _____ Faculty: _____ ITS – Information Technology Services Return teaching assets (Help Desk, Second Floor Laboratory 8 Building) List system access to be removed from system records Signature – Help Desk Technician Date **Facilities** □ Complete "Key Return" form □ Return Room key(s) and access device(s) (i.e., Key fob) Signature – Administrative Assistant Date Security/Parking Services □ Return Parking pass Parking fines paid in full Signature - Security/Parking Admin. Assistant **Date** Purchasing Services (Administration Building) Return Mastercard and/or all outstanding receipts submitted Inform Research Contract Coordinator of departure if contract holder Signature – Purchasing Agent Date Finance (Administration Building) ☐ Monies owed paid in full (e.g., PD, travel advance)

Date

Library (Circulation Desk)	
□ Return Books on loan	
□ Charges paid in full	
Unarges paid in full	
Signature – Access Services Administrator	- Date
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Office of Because and Craduate Dreamens (Adm	ninistration Duilding)
Office of Research and Graduate Programs (Adm	
	are a current Tri-Council grant holder or Institutional
grant holder	
Signature – Research Project Officer	Date
•	
Laboratory/Research space in the Research Lab	Building #4 or Northern Health Sciences Centre
Building #9	Building #4, or Northern ricular objections obline
	mplete the Vacated Research Laboratory Form (both
can be found at the link below):	
https://www.unbc.ca/labs/laboratory-forms-faculty	
Inspection of lab with Health and Safety Manager (Ir	nspection to be completed at least one week prior to the
last day of employment	repositor to be completed at least one week prior to the
last day of employment	
Cignoture Health and Cafety Manager Date	
Signature – Health and Safety Manager Date	
Registrar's Office – Student Services Street	
□ Final grades submitted	
a i mai grados submittod	
Ciamatura University Campiana Damasantativa	Data
Signature – University Services Representative	Date
Employee	
 Remove personal files stored on PC 	
 Remove personal items from office and lab 	
	pards, etc. to Administrative Assistant/Supervisor
	datus, etc. to Autilitistrative Assistant/Supervisor
 Change Voicemail message on phone 	
I will cease employment with the University of Northe	ern British Columbia and my last day on campus will be
<u> </u>	
Signature – Employee	Date
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<u> </u>	
Signature – Program Chair/Supervisor	Date
Human Resources (Administration Building)	
□ Cancel Tuition Waiver	
	ill mail a package regarding benefits conversion options
0 10: 1 1/04	a paorago regarante portente conversion options
□ Return completed exit checklist form	
 Complete online exit survey 	
 Provide forwarding mail/email address: 	
-	
Signature – Human Resources	Date