# RETIREE SEPARATION/TERMINATION CHECKLIST PROCEDURES

This checklist should be initiated only by the home department and upon receipt of a written notice of retirement from the employee. The following procedures ***m u st*** be completed for all retiring employees.

# EMPLOYEE INFORMATION (to be completed by home department)

Name: Today’s Date:

Last 4 digits Banner ID#(i.e. –xxx1111): *(For security purposes, please* ***DO NOT*** *use SSN)*

Date of Separation:

Employing Department:

# EMPLOYING DEPARTMENT RESPONSIBILITIES

* 1. Acknowledgement of receipt of written notice of retirement: On / / I received from the employee listed above a written notice of retirement that specifies an effective date of / / . A copy of the notice of retirement will be sent to Human Resources and an Electronic Personnel Action Form (EPAF) submitted.

*Department Representative Signature Date*

* 1. Please send an e-mail to [termchecklist@listserv.montana.edu](mailto:termchecklist@listserv.montana.edu) and include the information from Section I above – Name, Department, last 4 digits of their Banner ID#, Date of Separation, and note if the employee is transferring to another department on campus. For privacy reasons, please ***do not*** include the employee’s reason for leaving in the e-mail.
  2. Process an Electronic Personnel Action Form (EPAF) using the effective date of retirement. A copy of the employee’s notice of retirement should be sent to Human Resources.
  3. Provide this checklist to the employee to complete the Emeritus Status section and the Employee Responsibilities listed below in Sections III & IV.

# EMERITUS STATUS (to be completed only by retiring faculty member)

If you are a **faculty member**, please choose one of the following

* I want my department head to nominate me for Emeritus status (a signed copy of this form will be forwarded by home department to the department head).
* I do not want my department head to nominate me for Emeritus status (a signed copy of this form will be forwarded by home department to the department head).

# EMPLOYEE RESPONSIBILITIES

All retiring employees must submit a written notice of retirement that includes an effective date to his/her immediate supervisor and copy the appropriate department representative responsible for processing Electronic Personnel Action Forms. This Retiree Separation/Termination Checklist must be initiated and signed by a representative of the home department who can attest to having received a written notice of retirement.

Additionally, all retiring employees must obtain signatures from the Facilities Services, University Police, University Business Services, and Human Resources regarding the following items:

**(Over)**

1. **University Police, Huffman Building**

All traffic fines must be paid before you separate from the University. This signature verifies that you have paid all traffic fines.

*University Police Representative Date*

(For University Police Use Only)

Parking Due $

*Initials*

1. **Facilities Services, Plew Building (6th Ave. and Grant St.)**

All keys issued to you must be returned to Facilities Services. This signature verifies that no keys remain checked out under your name. You understand that failure to return keys upon termination of your employment at MSU may result in their being considered stolen property and being reported to the proper authorities. Please see <http://www.facilities.montana.edu/fs/admin/key_requests.html>for key return hours.

*Facilities Services Representative Date*

1. **University Business Services, Montana Hall**

The University Business Services located in Room 103 Montana Hall will check you out of the following areas:

Student Accounts

P Card

Loan Service Center

Travel

*University Business Services Officer Date*

1. **University Human Resources, 920 Technology Blvd. Suite A (406.994.3651)**

University Human Resources Office is required by State Law to explain employee’s options to continue health insurance through the COBRA and retiree plan.

## I have been advised of my option to continue health coverage through the COBRA plan and through the retiree plan. I acknowledge that I have been informed of my right to continue coverage as a retiree and I understand that if I do not continue coverage the decision is irrevocable.

*Employee Signature Date*

*Human Resources Date*

I participate in the Optional Reimbursement Account: 

I give University Human Resources permission to deduct the remaining balance of my yearly election from my last paycheck: 

*Employee Signature Date*

I give Human Resources permission to deduct the amount I have been reimbursed from my account that has not yet been collected from my paychecks from my last paycheck: 

*Employee Signature Date*

## University Human Resources will also provide the information you need regarding:

* + Direct Deposit  Retirement
* Final Check Distribution Obtaining forwarding address for W2
* Life Insurance
* Final pay of annual leave and/or sick leave

**The *CO M P L ETED* checklist must be returned to the home department on or before the final day of work.** The home department must submit the letter of resignation or notice of termination to University Human Resources once the Electronic Personnel Action Form (EPAF) has been created.

**REMINDERS** 

Did you remember to empty your intramural locker, return library books, return phone cards, and pay any outstanding personal charges including CatCard?

In special circumstances, ITC can temporarily forward your campus email to another account. To request email forwarding, contact the ITC Help Desk at 994- 1777.

MSU Retiree Association: <http://www.montana.edu/retired/>