



CHECK-OUT FORM

A faculty or staff member terminating employment with SUNY POLYTECHNIC INSTITUTE must check out with the offices listed below and return this form to the Office of Human Resources before a final payroll check is released. An authorizing signature from a departmental head will assure that all materials have been returned.

Employee Name: _____

Work Location: Utica Albany Date of Termination: _____ (day after last day worked)

Title / Department: _____

Forwarding Address: (Please complete) _____

Telephone: (Please complete) _____ Personal Email: _____

Signature: _____ Date: _____

Table with 3 columns: Departmental Signature, Date, and Department Name (Business Office, Library, Supervisor, University Police, Information/Technology Services, Office of Human Resources)

Submitted Final Time Record

Comments: _____