

MURRAY STATE UNIVERSITY Employee Clearance Record

Date Typed	Last Day of Work	Effective Date of Action
Employee's Name	Department	Social Security No.

Each department must submit this form to Human Resources and the Payroll Office immediately upon receiving notification that a faculty or staff employee is terminating his/her employment with the university.

Complete the above portion of the form; tear off the top two sheets and send to Human Resources and the Payroll Office. Give the last page to the terminating employee to obtain proper signatures for clearance.

Personnel Action Form #3 must be submitted through the normal channels as soon as the necessary information is available for processing.

Top sheet - Human Resources

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Second sheet - Payroll Office - Financial Management & Planning

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Human Resources Use Only Copy to: _____ Payroll _____ Information Systems _____ Transportation _____ Racer I.D. _____ Residential College _____ Procurement Services
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Each employee terminating his/her employment at Murray State University must present this completed form to Human Resources prior to receiving his/her final salary payment. Final check(s) will be mailed unless other arrangements are made with the Payroll Office

The following signatures verify that this employee has properly accounted for books, building keys, equipment, supplies and such other property of Murray State University as previously assigned to him/her.

DEPARTMENT TO BE CLEARED	REQUIRED SIGNATURES
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Faculty/Staff Department

_____ Academic Dept. Chair/Admin. Director _____ Date

University Library

_____ Dean of Libraries or Designee _____ Date

Public Safety

_____ Director of Public Safety or Designee _____ Date

Cashier's Office

_____ Cashier or Designee _____ Date

Grants Accounting

(Principal Investigator)

_____ Grants Accounting (2nd floor Sparks Hall) _____ Date

University Store

_____ Director of University Store or Designee _____ Date

Human Resources

_____ Associate Vice President Human Resources/Designee _____ Date

Review of Terminal Vacation

Review of Benefits *(Complete reverse side of form)*

Return the following cards:

American Express _____ YES _____ N/A	MSU Telephone Card _____ YES _____ N/A
Diner's Club Card _____ YES _____ N/A	Racer I.D. Card _____ YES _____ N/A
Purchasing Card _____ YES _____ N/A	MSUCDL Participant Card _____ YES _____ N/A

I have accounted for all Murray State University property charged to me and have turned in or transferred same to proper authorities. All personal or financial obligations to the university have been properly discharged.

Employee Signature _____ Date _____	Forwarding Address _____ _____
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Benefits Continuation Review

Group Medical Insurance Coverage - An employee who resigns or is terminated will have the medical and basic life insurance coverage paid through the end of the month in which the employee's last day of actual work occurs.

_____ **I will be covered** by another medical insurance policy effective _____, and I am not interested in continuing the university's medical insurance policy upon the termination of my employment.

_____ **I will not be covered** by another medical insurance policy upon my termination of employment; however, **I am not interested in continuing** the university's medical insurance policy.

_____ **I will not be covered** by another medical insurance policy upon the termination of my employment, and **I would like to continue**, at my own expense, coverage under the university's COBRA group medical insurance policy up to a maximum of 18 months. I understand that this continuation coverage may be terminated for any of the following reasons:

- a. The university no longer provides group medical insurance coverage to any of its employees.
- b. The premium is not paid by the established dates.
- c. I become covered under another group medical insurance policy.
- d. I become eligible for Medicare.

Medical Spending/Dependent Care Accounts - You may continue to file claims for expenses **incurred while you were employed** until the end of the 90-day grace period.

Retirement System Options

_____ I plan to request a refund of my contributions to the retirement system.

_____ I plan to leave my contributions with the retirement system at this time.

Life Insurance Conversion

_____ I am interested in converting the life insurance to a private policy.

_____ I am not interested in converting the life insurance to a private policy.

Disability Insurance Continuation

_____ I am interested in continuing my disability insurance coverage.

_____ I am not interested in continuing my disability insurance coverage.

Remarks _____

Employee Signature

Date