Temporary Employee Separation Checklist

Employee Name: ________________________________________________________________
Campus ID #: ________________________________________________________________
Supervisor’s Name: ____________________________________________________________
Dept. Phone #: ______________________________________________________________

System Access
☐ Systems Administrator contacted to remove security to SAP and/or other systems
Date of contact: ______________________________________________________________
Name of systems administrator contacted: ________________________________________

CMU Property/Equipment Returned (check all that apply):
☐ Keys
☐ CMU Equipment (e.g. PC, laptop, cellular phone, car phone, pager, calculator, books, files, tools)
☐ Uniforms and other attire
☐ Other: ________________________________________________________________

Would you recommend this person for rehire? _________________________________

Employee’s signature (optional): _____________________________________________
Date: ___________________________________________________________________
Supervisor’s Signature: _____________________________________________________

This form is a tool to help supervisors complete the separation process as thoroughly as possible.
If you choose, a copy may be delivered to Employment Services, Rowe 109 or emplsvcs@cmich.edu.