



Troy University EMPLOYEE EXIT CHECKLIST

Section 1

To be completed by departing employee. Please carefully review the following statements and initial in the space provided to indicate your understanding of each.

_____ I understand that my Troy University benefits end on my termination date. These benefits include as a minimum such items as medical insurance, life insurance, disability insurance, and tuition assistance.

_____ I understand that I am eligible to continue my medical insurance under COBRA at my own expense for a specified period of time, and that all pertinent COBRA information will be sent to the address listed below. Please contact the Human Resources Department for more information on COBRA.

_____ I may also obtain medical insurance through the Health Insurance Marketplace at www.HealthCare.gov.

_____ Flexible Spending and Health Reimbursement Accounts: I have 60 days to file for reimbursement for expenses incurred through my last day of employment.

_____ Alabama Teachers Retirement System: I may withdraw my funds, transfer the funds to another account, or retain my TRS account up to 5 years. The University does not have access to these accounts. Please contact TRS at 1-877-517-0020 or at <http://www.rsa-al.gov/> to find out more about your retirement account options.

_____ Supplemental Retirement Accounts: Lincoln National, RSA-1, and TIAA Cref, accounts belong to you. You are not obligated to close these accounts or transfer funds. The University does not have access to these accounts. Please contact your Company using the following phone numbers: Lincoln National (1-800-348-4608); TRS(1-877-517-0020); TIAA Cref (1-800-842-2252) to find out more about your retirement account options.

_____ Vacation Leave: If eligible, I will be paid for up to 160 hours approximately two weeks after my last paycheck.

_____ Sick Leave: The University does not pay for accrued sick leave. Please contact TRS to discuss possible sick leave options.

_____ The following designates the correct address where all future correspondence from Troy University should be sent:

_____ I have returned all University keys and property issued to me, or previously in my possession. I understand that failure to return University keys will result in the re-keying of University locks, and I understand that failure to return other University property will result in my being charged for its replacement costs.

This is to certify that I have complied with all Troy University separation policies.

Employee Printed Name/ID Number	Employee Signature	Date
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Section 2

To be completed by supervisor. Place an "X" in the space provided indicating the action has been completed.

_____ PeopleAdmin Termination Action has been submitted.

_____ Final time sheets and/or sick leave and vacation leave forms turned into Human Resources.

_____ All University purchasing cards/credit cards have been returned.

_____ All University communications equipment to include cellular phone, pager, computer, and software has been returned.

_____ All University keys to offices, buildings, supply/filing cabinets, desks, vehicles, etc... have been returned.

_____ Any other University assets not specifically listed above have been returned.

This is to certify that I have complied with all Troy University separation policies.

Supervisor Signature	Date
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