

Supervisor's Signature

SEPARATION CHECKLIST Federal Work Study Employees

Employee's Last Name, First, Middle Initial Department		Employee ID and Record Number Department Representative Phone Number		Termination Effective Date (Day after last day worked)	
				Phone Numbe	r
I. DEPARTMEN	IT REPRESENTATI	VE RESPONSIBILITIES:			
		ee and complete Personnel Ac	tion Form (ePAF/pPAF	F). Separation Ch	necklist should remain in the
Please complete ite	ms 1-7, initial and date se indicate this on the	e lines as completed. Signature signature	e of the separating em	ployee's supervis	sor is required. If employee
Initial Date					
	1. Submit ePAF To	Terminate FWS Appointmen	nt		
	2. Hours Reported - Verify with supervisor that all hours worked have been entered and approved in OMNI.				
	3. I-9 RECORDS - Terminate employee in Guardian with the effective date of separation. If not found in Guardian, contact the I-9 Administrator to terminate the paper I-9. Additional information can be obtained at: http://hr.fsu.edu/content/i9 .				
	4. NETWORK ACCI	ESS / PASSWORD SECURIT	Y / SECURITY		
	 a. OMNI Roles – Verify all OMNI roles have been removed. b. Third Party System access - Remove any other system access (i.e. systems other than OMNI or NWRDC, which may be used by the department but not by the whole university). 				
	5. SWIPE CARD ACCESS – Swipe card access should be disabled upon termination. Please have your department's Authorized Security Representative submit a CRM service ticket requesting the removal of departmental card access from the employee's personnel record.				
	-	and office keys returned to K g Way or Departmental Repres		Mendenhall Mair	ntenance, Building A) which is
		nents - Contact Payroll Service		se via the FSU se	ervice center or
II. <u>EMPLOYEE R</u>	ESPONSIBILITIES:				
FSU. If assigned pro	perty is not returned a	OTE: The employee is accoun and debt not paid, collection pred or indicate N/A if not applicate	ocedures will be initiat		
		FSTANDING DEBT TO THE U s, library fines, and parking.	INIVERSITY - Check	with Student Bus	siness Services
	address along with	MAIL, MAILING ADDRESS ar any changes to your mailing ederal W-2 forms, and paymer	address and telephone	e number to ensu	ure all notices and forms
III. I <u>MPORTANT EN</u>	MPLOYEE INFORMAT	TION: Please review the follow	ving and note relevant	information.	
REMEMBER: Do r	not close your bank a	ccount unless you first stop	your Direct Deposit.	<u>-</u>	
year following your W-2 Tax and Wage	termination date. The a Statement. If you have	to maintain your OMNI USERI access will allow you to: (1) up e not already accepted the onl eady accepted the consent ag	date address, (2) view ine W-2/W-2c Consent	/print final pay ad t agreement, you	d access until June 1st of the dvices, (3) view and print annua must do so prior to January to
I UNDERSTAND TI	HE ABOVE RESPONS	SIBILITIES AND HAVE FULF	LLED MY OBLIGATION	ONS TO FEDER	AL WORK STUDY.
Employee's Sign	ature		Date		

Date