

PROPERTY CLEARANCE CHECKLIST

Supervisor or HR/Payroll Coordinator


Use this form to provide check-out instructions to terminating employees. Departments may opt to use an edited version of the form to assist employees transferring within OUHSC. The completed form must be returned to and retained by the Department.

NOTE: Complete [OUHSC User Access Deletion](#) form and send to ps-security@ouhsc.edu and Tier I.

- 1 Supervisor or HR/Payroll Coordinator: Provide the EMPL ID, Employee Name and Primary Department.
- 2 For employees with Pcard or Travel Cards, provide a return email address where indicated.
- 3 Give the checklist to the employee to complete Items 1 thru 5. Employee: Return Checklist to Supervisor or HR/Payroll Coordinator.
- 4 Supervisor of HR/Payroll Coordinator: Complete Item 6. Lost, misplaced, or stolen property must be noted on the back of or, if necessary, as an attachment to the checklist.
- 5 Employee must sign Item 7, Confidential, Proprietary and Protected Health Information.

If Items 3, 4, or 5 do not apply to the employee, an authorized department representative may so note by the item and sign/date the item on the checklist. An authorized department representative may collect the property referred to in this checklist, and sign/date the checklist. In such cases, disposition of property is the department's responsibility. The department must report all uncollected items to the respective units.

Employee ID #	Employee Name	Primary Dept/Office	Return Email Address
Employee	1. Item 2 and 6: Contacting HR ESC, is optional ; check and date.		
	2. Items 3, 4, 5: Obtain signatures / dates from the respective units located on campus. Sign item 8 and return the completed form to your Primary Department (Item 7) to finish check out.		

	Authorized Signature	Date
<p>1. Pcard and Travel Card – Email to Pcard@ouhsc.edu and use the returned form as the clearance checklist.</p>	_____	_____
<p>2. Benefits end the last day of the month worked. If terminating within the first week of the month, the second half of the premium owed will be deducted from the PTO payout. If there is no PTO payout, the employee will be billed. COBRA packet (to continue coverage) will be sent to address of record 1-2 weeks after coverage ends. To ensure receipt, review and/or update mailing address in Employee Self-Service or contact supervisor or department HR/Payroll Coordinator. Questions? Contact HR ESC, 271-2180 or hr-service@ouhsc.edu.</p>	<p>Check when completed</p> <input type="checkbox"/>	_____
<p>3. Parking Office 271-2020 URP 825, Rm 115 Hours: Mon-Fri 7:30 a.m. to 5 p.m.</p>	_____	_____
	<i>Parking access card returned, decal removed; no fines</i>	
<p>4. Key shop – Key(s) 271-2121 SCB 26A Hours: MWF 8 a.m. to 10 a.m. TTh 2:30 p.m. to 4:30 p.m.</p>	_____	_____
	<i>University keys returned or accounted for</i>	
<p>5. ID Card / Building Access 271-2980 URP 865, Suite 240 If you have a building access card that differs from your HSC ID card, return it to your manager.</p>	_____	_____
	<i>ID and access card returned</i>	
<p>6. Exit Interview - Employees are encouraged to complete an online exit interview survey at the time of their departure. The survey can be accessed via the information found below: https://ousurvey.qualtrics.com/jfe/form/SV_eOOOpqUWEXDfER8 or by scanning the QR code. Questions may be directed to the Employee Relations Team: 405-271-2194</p>		_____
<p>7. Primary Department Computers, office equipment, cell phones, other electronic equipment, department-provided home internet access, and final pay. IDX/ Centricity Business and/or EMR system user: Submit appropriate online user termination form at https://intranet.ouphysicians.com/FORMS/ EMR: All documents have been completed and removed from the EMR desktop. Online terminate EMR user form has been submitted.</p>	_____	_____
	<i>All department equipment accounted for; items 1-5 completed</i>	
<p>8. Confidential, Proprietary and Protected Health Information Employee has been informed that s/he may not maintain any confidential or proprietary information or protected health information (PHI) and has confirmed that no confidential or proprietary information or PHI will be retained in any format, including on any personally-owned devices, without prior written approval of the supervisor.</p>	_____	_____
	<i>Employee signature</i>	