



EXIT MEMORANDUM

All full-time employees ending employment with Collin College **MUST** complete the exit process. All items listed below must be completed **prior to your final day of employment** and submitted to Human Resources. **Exiting employees are required to work their full shift on their final day of employment.**

Please note your final paycheck will not be processed until all items on the exit checklist have been completed and your Exit Clearance form has been submitted to HR.

EXIT CHECKLIST

1. _____ Please print and complete the attached *Collin College Exit Clearance Form* for each item checked by obtaining a signature from the department shown on the checklist.

_____ You must have your supervisor's signature for the "Transfer On-Line Files" item on the *Collin College Exit Clearance Form*. All Outlook and H: drive files and folders must be transferred before you leave as files will be deleted once your network account is closed. If you have created a **Shared Folder**, you will need to notify each of the Shared Folder users that they must save the files in the Shared Folder to their own personal file as the files/shared folder will not be accessible to the users once your account has been deleted. (One option would be to place the Shared Folder files on the I: drive. Contact the Help Desk if you need assistance). You must also transfer all documents saved to your H: drive before your account is deleted.

_____ If you have an individual Web Page on the college network, you must notify the Help Desk that it must be closed.

2. _____ Please complete the on-line *Collin College Employee Exit Survey* prior to your final day of employment at <http://www.surveymonkey.com/s/CollinExitSurvey>
3. _____ Please complete, print and sign the attached *Collin College Public Access Option Form*.
4. _____ After **fully reviewing** the impact of withdrawal, if you choose to withdraw your *Teachers Retirement System* account, please download the form at https://www.trs.texas.gov/TRS%20Documents/form_6.pdf.
NOTE: The form **MUST** be notarized.
5. _____ **Non-Exempt Employees** must make certain their work hours are reflected in TimeClock Plus.
Exempt Employees must include any time off requests in TimeClock Plus.



EXIT CLEARANCE FORM

Authorized signatures must be completed for all applicable items below. This form must be submitted to Human Resources no later than your final day of employment. Please fax to 972-985-3778 and send the originals to your campus HR Consultant.

NAME _____
 STREET ADDRESS _____
 CITY/STATE/ZIP _____
 HOME PHONE NUMBER _____

(NOTE: If this is a new address, please also complete the attached Change of Address form)
LAST DAY OF EMPLOYMENT: _____

Items to be Returned/Cleared	Department to See to Clear Items	Department Sign/Date (enter "n/a" if not applicable)
Build/office keys	Plant Operations	
Tools/Equip./Uniforms	Supervisor	
Laptop/PDA/Pager	Supervisor	
Employee ID Card	Supervisor	
Relocation Reimbursement/Sabbatical/UTD Scholarship/Training Agreement	HR Records Department	
Unused Banked Courses (Faculty Only) <small>Request for Withdrawal of Banked Courses form must be submitted</small>	Supervisor	
Phone Card	Telecommunications	
PCard	Purchasing	
Cell Phone/ SAMs card	Purchasing	
Library Cards/Fines	Library	
All leave time entered into Time Clock Plus	Supervisor	
Transfer online files to Supervisor/ Close Webpage/ Provide performance evaluation documentation for direct reports	Supervisor	

Exiting Employee Signature: _____ **Date:** _____
 By signing, I acknowledge I have reviewed the Collin College Important Exit Information and completed the exit process.

Current Supervisor Signature: _____ **Date:** _____
 By signing, I acknowledge the Exit Clearance Form is complete.

TO BE COMPLETED BY THE HUMAN RESOURCES OFFICE			
_____	Benefits End Date	_____	Deductions End Date
_____	TRS Form Provided	_____	ORP Company Notified
_____	Online Exit Survey Completed	_____	Copy of time sheet/leave forms received
Continuing PT with Collin College _____ Yes _____ No (if yes, PERC form must be completed)			
HR Consultant Signature: _____		Date: _____	



**Collin County Community College District
Public Access Option Form
Texas Government Code Section 552.024**

The Public Information Act allows employees, public officials and former employees and officials to elect whether to keep certain information about them confidential. Unless you elect to keep it confidential, the following personal information may be subject to public release if requested under the Texas Public Information Act:

- Home Address**
- Home Telephone Number**
- Social Security Number**
- Emergency Contact Information**
- Information that reveals whether you have family members**

To have this information withheld from Public Information responses you must submit a signed request to Human Resources

Note: This form should be completed and signed by the employee no later than the 14th day after the date the employee begins employment, the public official is elected or appointed, or a former employee or official ends employment or service.

REQUIRED INFORMATION:

Printed Full Name

CWID

_____ I elect to deny public access to covered personal information. This election replaces any previous election and affects both personnel and student records.

Signature

Date

COLLIN COLLEGE

IMPORTANT EXIT INFORMATION

FINAL PAYCHECK

Your final paycheck (for time worked through your last day of work) **will not be direct deposited**; it will be a **live check**. Note: All Collin College employees are paid current; there is no lag in pay. **If you fill out a time sheet, your final check will only reflect hours worked during the month of your separation and will NOT include any regular hours listed on your time sheet that occurred during the prior month.** The check will be mailed to the address you have on file with Collin College on the last working day of the month of separation. For example: If your final time sheet is for January 15th through February 16th, you would have already been paid for regular January hours; therefore, your final check will only include hours worked in February and will be mailed to you on the last working day of February.

VACATION PAY

You will receive a check for unused earned vacation time (up to 80 hours of rolled over vacation time, plus any unused vacation earned for the current fiscal year) on the last day of the **next** month following separation. For example, if your last day worked is January 16th, the check for vacation pay will be mailed to you on the last working day of February.

COMP TIME/OVER TIME

You will receive a check for any unused comp time and/or over time due on the last day of the next month following separation. (For example, if your last day worked is January 16th, the check for comp time and/or over time will be mailed to you on the last day of February.) Please note that if you are owed both vacation pay and comp time and/or over time, they will be on the same check.

SICK TIME/PERSONAL TIME

Collin College does not pay out any unused sick or personal time.

MEDICAL/DENTAL INSURANCE

Your medical and dental coverage will end on the last day of the month of separation, provided all premiums have been paid. For example, if your last day worked is January 16th, your medical and/or dental coverage will end on January 31st.

COBRA INFORMATION

All COBRA information will be sent directly to your home address by ERS. COBRA rates can be found on the ERS website. If you have questions regarding COBRA benefits prior to receiving this information, contact ERS at **(877) 275-4377**.

GROUP LIFE/AD&D COVERAGE/VOLUNTARY AD&D

Your group life, AD&D and Voluntary AD&D coverage will terminate on the last day of the month of termination.

TEACHERS RETIREMENT SYSTEM (TRS)

If you choose to withdraw your TRS account, please download the form at http://www.trs.state.tx.us/reporting/forms/form_6.pdf. You must complete the form and have it notarized and mailed to TRS. **(NOTE: If you withdraw your account by receiving a refund, you will end your membership in TRS. By ending your membership, you lose your service credit and forfeit any retirement benefits that you have accrued and may affect your eligibility for ERS retiree insurance. It is important that you fully understand the TRS and insurance benefits that you are waiving. Therefore, if you have five or more years of TRS service credit, you must sign a form acknowledging that you are waiving all rights to future TRS retirement benefits.)** If you have questions regarding your TRS account, please contact TRS directly at 1-800-223-8778 or visit the TRS website at www.trs.state.tx.us.

TEXAS OPTIONAL RETIREMENT PROGRAM (ORP)

If you have an ORP account and have questions regarding available options, please contact **Christina Canales** in the Collin College Human Resources Department at **972-599-3164**.

TAX SHELTERED ANNUITY (TSA)

We advise you to contact your TSA vendor to discuss your account options.

CHANGE OF ADDRESS

If you have a change of address, please complete and return the *Change of Address Form* to Human Resources to ensure that you receive all paychecks, and COBRA information. Please notify us in writing if your address changes in the future to ensure receipt of W-2s, and other important information. Notices must be dated and signed.

**COLLIN COLLEGE
CHANGE OF ADDRESS FORM**

Please complete this form if you have a change of address to ensure that you receive all paychecks, COBRA information, TRS information, W-2s, etc. Please print this form, type or print your updated information below, sign the form and **fax it to the Collin College Human Resources Department at 972-985-3778.**

Name: _____

UPDATED INFORMATION:

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email Address: _____

Signature

Date