

THE UNIVERSITY OF TENNESSEE
AUTHORIZATION FOR RELEASE OF FINAL PAYCHECK

NAME: _____		PERSONNEL NUMBER: _____	
DEPARTMENT NAME: _____		COST CENTER: _____	
EMPLOYMENT DATE: _____		TERMINATION OR RETIREMENT DATE: _____	
		ARE YOU RETIRING? Y N	
POSITION HELD: ___ Faculty ___ Staff Exempt ___ Staff Non-Exempt ___ *Graduate Student ___ *Other Academic (*Employee must have made arrangements for removal of all incomplete grades and for the completion of other academic assignments, theses and dissertations.)			
FORWARDING ADDRESS: _____			
	Street	City	State Zip Code
HOME TELEPHONE: () _____		DAYTIME TELEPHONE: () _____	

*Signature of Dean/Director/Department Head

Date

TO DEPARTMENT:

Please complete the employee/departmental information above. The Department may telephone the respective area(s) and enter the representative's name for clearance on items 1 through 12 (see reverse side). **ALL AREAS MUST BE CONTACTED.**

TO TERMINATING OR RETIRING EMPLOYEE:

Please read and insure that both sides of this form have been completed for clearance. **To be cleared on items 13 (if applicable; laboratory chemical uses only), 14 and 15 on the reverse side, you must have an authorized person in the respective area verify your account status and sign in the space provided.** When all accounts have been properly cleared, please return this form (in person or by mail) along with your UT identification card to:

**UT HUMAN RESOURCES – EMPLOYEE RELATIONS
232 CONFERENCE CENTER BUILDING, 600 HENLEY STREET
THE UNIVERSITY OF TENNESSEE
KNOXVILLE, TN 37996-4125
PHONE: (865) 974-6018 FAX: (865) 974-6066**

Please verify that the address above is accurate. Your final paycheck will include all regular payroll deductions unless you have made arrangements to cancel deductions with your department.

You may, if you wish, complete a confidential Exit Interview Questionnaire to provide us with information about your employment while working at the University. An optional personal Exit Interview may also be scheduled by calling (865) 974-6018.

If you are a member of the UT Federal Credit Union, call (865) 971-1971 for information.

If you have questions or need additional information, please call HR Employee Relations at (865) 974-6018.

(OVER)

NAME: _____ PERSONNEL NUMBER: _____

TO RESPONSIBLE DEPARTMENT: You may telephone the areas below (Items 1-12) and enter the representative's name.

	ACTION	AUTHORIZED REPRESENTATIVE SIGNATURE	DATE	CLEAR (YES / NO)	AMOUNT OWED (AND OTHER NOTES)
1	American Express (Exempt & Academic only) 974-2302 (Card returned)				
2	Book & Supply Store 974-3361 (Charges paid)				
3	Bursar's Office 974-4495 (Charges paid)				
4	Central Alarm System 974-0808 (Security codes cleared)				
5	Dining Club 974-3430 (Charges paid)				
6	Library 974-4351 (Books returned, fines paid)				
7	Procurement Charge Card 974-2302 (Card returned, any debt cleared)				
8	Responsible Department (Uniforms, tools, equip, computer codes)				
9	University Club 974-7348 (Charges paid)				
10	University Housing 974-1871 (Charges paid)				
11	Vol Connection Telephone Service and/or UT Calling Card 974-3121 (Charges paid, card returned)				
12	Veterinary Hospital 974-5661/974-5665 (Charges paid)				

TO EMPLOYEE: To be cleared on Item 13, if applicable, arrange for a representative from Environmental Health & Safety to visit your work site; if no lab/chemical, skip to #14. For Items 14 and 15, you will need to make a personal visit to Lock & Key Services, and to Parking Services.

13	Environmental Health & Safety 974-5084 (Lab chemical check out) Inst of Ag Campus employees, call 974-1153				
14	Lock & Key Services 804 Volunteer Blvd. 974-4371 (Keys returned)				
15	Parking Services 2121 Stephenson Dr. 974-6031 (Tag must be returned to avoid future charges)				

HUMAN RESOURCES OFFICE USE ONLY

ID RETURNED: _____ ID LOST: _____ USDA ID RETURNED*: _____ USDA ID LOST*: _____
(*Institute of Agriculture Campus employees only)

CHECK #: _____ CHECK AMOUNT: \$ _____

DATE CHECK MAILED: _____ DATE CHECK PICKED UP: _____

DATE CHECK RETURNED TO PAYROLL OFFICE: _____

EMPLOYEE SIGNATURE: _____ DATE: _____