

APPENDIX B

Out-processing checklist for all Tennessee College of Applied Technology (TCAT) Employees

TCAT Employee Out-processing Checklist

As a part of out-processing for employees of the Tennessee Colleges of Applied Technology at Shelbyville, Murfreesboro, and McMinnville, this form must be completed and submitted to HR/Payroll@mscc.edu within 24 hours of notice of termination. Failure to comply may result in State audit finding and disciplinary action.

Name: _____ Banner A#: _____
(First Middle Last)

Last Payroll Date: _____

Last Day Physically worked: _____

Termination reason code: _____

Annual Leave Payout Hours (if leave transfer is not applicable): _____

Sick Leave Hours Balance: _____

Terminal Leave:

Only employees who terminate due to retirement can elect to take annual leave as terminal leave. This will enable the employee to keep insurance and remain on the payroll through the leave run-out period. If employee is retiring, complete this section.

Terminal Leave Begin Date: _____ Last Day of Terminal Leave: _____

Leave Transfer (TBR Policy 5:01:01:06):

1. Any regular employee of any agency, office or department of the State of Tennessee or of any State college or university who leaves one of these employers for employment with another without a break in service shall have all annual and sick leave transferred.
2. Moreover, if an employee leaves the State University and Community College System institutions/Board of Regents System Office and is re-employed with a State agency prior to his/her termination date with the State University and Community College System, he/she shall have all unused annual leave transferred/reinstated to the employing agency and shall not be entitled to payment for annual leave beginning with the date of re-employment.

Transferring to another State Employer? Yes No

If Yes, Balance of Transfer: Annual: _____ Sick: _____

PROVIDE A FORWARDING ADDRESS:

Mailing Address: _____

Email

Telephone

FINAL PAYMENT FOR SERVICES WILL NOT OCCUR UNTIL THIS FORM HAS BEEN EXECUTED AND RETURNED TO HUMAN RESOURCES AT MOTLOW STATE COMMUNITY COLLEGE. MAKE SURE TO INDICATE THE EMPLOYEE'S FORWARDING ADDRESS FOR W2 PURPOSES.

Form Completed by: _____

Signature: _____ Date: _____