CHECK-OUT FORM

(to be returned to the Human Resources Office, Knapp 123)

Nan	e
Dep	artmentSeparation Date
New	address (if relocating)
(If y con	rou wish to continue your health insurance coverage? ou are not transferring to another State job, you will be receiving a letter offering you invation of coverage under the COBRA law) \to Yes \to No \to I do not have health insurance coverage tiring, have you included the supplemental retirement check-out form?
	☐Yes, it is attached ☐No, I am not retiring
	e you removed all personal computer files you wish to keep (since computer and email ounts are cancelled on the day after your separation from employment)? ☐Yes ☐I do not have any computer files or email to save
	ase make sure to get a person from each area to initial each section below en you turn in items:
	College-issued ID Card (Coby Card)
	College-issued Clothing
	All College keys in my possession (Facilities Management)
	College Credit or Procurement cards 🔲 was not issued any cards (Business Affairs)
	Cell phone
	Computer
_	arating employees are also responsible for the paying of any parking tickets, library fines, nspent funds of any kind issued to them.
I ack inco or St	oyee Acknowledgment nowledge that the above information is complete to the best of my knowledge. I further understand that an nplete check-out may delay the issue of my final paycheck and agree that any money I may owe to the college ate of New York either directly through fines, tickets, or unused reimbursements or indirectly through failure t in issued keys and equipment may be deducted from my final paycheck.
Emp	loyee Signature Date
Pac	ived in the HP office on (data) by