UCDAVIS

Separation & Off-Boarding Checklist

DEPARTURE DETAILS

Name: _____   Last working day/end date: _____

Unit: _____   Supervisor/Unit Coordinator: _____

INITIATION

☐ Obtain resignation/formal notification of separation from employee

☐ Submit ticket via the SSO Aggie Service portal (Payroll-Apt Change/Separation-Separation OR End Apt if campus transfer)

☐ Consult with OCP Personnel as needed

PREPARTION FOR DEPARTURE

☐ Review the Business Partner off-Boarding checklist (next page) for any actions relevant that may be applicable to the unit process.

☐ Send copy of this checklist with departure details to OCP partners. Forward to IT Help.

☐ Support employee in scheduling off-boarding appointment(s) as applicable

☐ Coordinate final TRS time sheet(s), utilizing a paper time sheet to project time as directed by the SSO if necessary

☐ Notify supervisor of any pending time approvals

☐ Review system access' that may need to be revoked or transitioned (if a campus transfer)

☐ Share resources and helpful reminders for the employee regarding benefits, retirement, email, etc. as applicable.

SUPERVISOR

☐ Review Supervisor portion of the UCD HR Separation Checklist

☐ Review and approve any pending time sheets for the separating employee.

☐ Review succession plans. Initiate a Temporary Employee Request or start a recruitment process.

☐ Consider an off-boarding meeting to discuss employee's experience and reflection on the position.

☐ Cancel/transfer memberships on committees and professional organizations.

☐ Communicate departure to staff and others as applicable. Consider a farewell event if applicable.

☐ Review system access' that may need to be revoked or transitioned (if a campus transfer)

☐ RETIREES ONLY: Order campus retirement gift via Employee & Labor Relations. Coordinate internal gift as well.

FINAL DAY IN OFFICE

☐ Check in with the employee regarding their schedule and set up a time towards the end of the day for final review

☐ Review the UC Electronic Consent form. Please note this is optional. Further Info can be found in the UCD PPM 310/24.

☐ Share Separation Information and Reminders document. Review when and how they will receive final pay.

☐ Provide reminder to complete the online exit survey (as sent and provided by OCP Personnel)

☐ Coordinate collection of access, equipment, and anything additional.

AFTER THE EMPLOYEE HAS LEFT

☐ Ensure electronic and physical access' has been revoked accordingly.

☐ Follow up on any information requests and/or actions discussed on the employee's final day

☐ Review succession plan/efforts.

COMMON INQUIRIES AND RESOURCES

- Final Check Inquiries (SSO)
- UC Davis Benefits
- UC Retirement Center
- Employee AYSO portal
- Mail forwarding

UC**DAVIS**

OCP Personnel and/or DEPARTMENT AS APPROPRIATE

_____ Resignation letter/email, release or termination letter received

_____ Aggie Service case submitted. IDOC and information final pay will be provided by SSO.

_____ PPS IDOC printed and provided to separating employee.

_____ Have employee sign PPM 310-24a: Electronic Records Consent Form

_____ Update time reporting. If a separating supervisor, interim/new information provided to SSO.

_____ Endorsed systems access (PPS, BANNER, etc.) changed/cancelled.

OCP BUSINESS and/or DEPARTMENT AS APPROPRIATE

_____ Keys (metal and Cardkey) returned

_____ Cardkey account deactivated/deleted

_____ UCD ID card returned

_____ Department name tag/badge returned

_____ Telephone voice mail password reset /disconnect service as determined

_____ PCard returned/cancelled

_____ KFS account changed/cancelled

_____ Cell Phone Returned/Cancelled

_____ If RETIREMENT, order $400 gift card for employee

_____ Check for Pending KFS/MyTravel Documentation

_____ Remove from OCP Phone List/Directory

_____ Remove mail box

_____ Update Org Chart

_____ Update Emergency Phone Tree / Evacuation List / Emergency Contact System

OCP BUDGET and/or DEPARTMENT AS APPROPRIATE

_____ FTE salary provision set-up

_____ Turnover savings draw-off

OCP ISPS and/or DEPARTMENT AS APPROPRIATE

_____ Telecommuting computer equipment returned

_____ Disposition/transfer of electronic and/or hard copy files/documents

_____ Computing Accounts

_____ E-mail account updated (campus mail ID remapped)

_____ Local network account deactivated/deleted

_____ IAIS account changed/cancelled

_____ Remove from all distribution lists

_____ Remove EDMS access

NOTES:

UC DAVIS SEPARATION CONTACTS

UC Davis Shared Services Center

For questions regarding your final check, please ask for the Payroll Department.

☎ Phone Number: (530) 754-4772 ✉ Email: sschelp@ucdavis.edu

UC Davis Employment Benefits Office Hours

Employee Benefits customer service telephone hours are
8:30 a.m. to 12:30 p.m (Monday- Friday)*

Walk-in hours are 8:30 a.m. to 4:30 p.m. (Monday- Friday)*

*Excluding holidays. The Human Resources Administration Building is closed for lunch from 12 p.m. to 1 p.m. daily.

☎ Phone Number: (530) 752-1774 📠 Fax: (530) 752-1993

Employment Verification

Employment verification can be found on the At Your Service Online (AYSO) employee portal: https://atyourserviceonline.ucop.edu/ayso/

Need help with AYSO or employment verification? Please contact Accounting & Financial services:

☎ Phone Number: (530) 752-7750 ✉ Email: ppshelp@ucdavis.edu

If You Return to UC Employment

Rules governing re-enrollment in lapsed or canceled plans vary with the particular plan and the length of time you have been separated from UC. For information, see your local Benefits Office within 31 days of your rehire date.

Retirement Contact Information

On January 2, 2014, the Davis Campus and UCDHS Benefits Offices began a partnership with the Retirement Administration Service Center (RASC) at the Office of the President in Oakland to assist employees in transitioning to the next important phase of their lives - Retirement.

To contact a specialist please:
call 1-800-888-UCOP (8267)
OR
you can access assistance online:
http://ucnet.universityofcalifornia.edu/contacts/csform.html

Still have questions or need assistance?
Please contact OCP Personnel Services:
Phone: (530) 752-8503 Email: OCPPersonnel@ucdavis.edu

Parting Reminders

Name: _____ Department: _____

Last day in office: _____ Last day of employment: _____

You are:

- ☐ Transferring elsewhere on campus to _____
- ☐ Leaving UC Davis entirely
- ☐ Retiring!

You will receive your final pay on: _____

You met with _____ who can be reached at _____.

If you need any information not found on this sheet or in prior emails, please feel free to reach out for assistance.

Notes:

UNIVERSITY OF CALIFORNIA, DAVIS
EMPLOYEE BIWEEKLY TIME RECORD

PAGE _____ OF _____

Payroll Period: _____ through _____

Employee Name: _____   Employee ID: _____

Department Name: _____

1	Week One								Week Two								Total
	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total	
Time Worked																	
Paid Time Off																	
Total Paid Time																	
FAU:																	

2																	Total
Time Worked																	
Paid Time Off																	
Total Paid Time																	
FAU:																	

DEPARTMENT USE ONLY - OPTIONAL SUMMARY OF LEAVE TIME PAID

Vacation Taken																
Sick Lv Taken																
Other																

Paid Time Off Codes	
V	Vacation
S	Sick Leave
CT	Comp Time Off
H	Holiday Pay
J	Jury Duty

FOR DEPARTMENT USE ONLY

	REG	SDF	OTS	OTP	TOC	VAC	SKL	CTO
Account #1								
Account #2								
TOTAL								

I hereby certify that the time recorded is correct:

Employee Signature: _____   Date: _____

Supervisor's Signature: _____   Date: _____

Shared Services Center
University of California, Davis

Monthly Time Record

Funding/Distribution#:

Employee Name   **Employee ID#**

For the Month of   , **20**

Please submit timesheet on a Case Management, *"EMPLOYEE TIMESHEET CHANGES"*

TICKET NO LATER THAN THE 15TH OF EACH MONTH

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
																Estimated hours worked to the end of the month																	
All Hours Worked																																0	REG
Actual Hours Worked 16th-31st																																0	REG
Sick/Family Care																																0	SKL
Vacation																																0	VAC
Comp Time Used																																0	CTO
Holiday Worked																																0	HOL
Jury Duty																																0	
Shift																																0	SDF
																																0	NDF

*REMEMBER: Any adjustments to your timesheet must be reported with a "**REVISED**" timesheet with department signature for changes. Please submit revised timesheet as soon as possible

Total   0

Timesheet Comments:

I certify that no other hours have been worked except as noted above.

_____   _____
Employee's Signature   Supervisor's Signature

_____   _____
Employee's Signature   **Supervisor's Signature**

*REVISED   ***REVISED**

For SSC Use Only	
CTA	
OTS	
OTP	
SDF	
LWOP	
OTS	
OTP	
OTHER	

**Request to Inspect, Monitor, or Disclose Electronic Records—
Access with Consent**

Instructions: Use this form to monitor compliance with the provisions for access to records with the consent of the record holder. See UC Davis Policy & Procedure Manual 310-24, paragraph V.A. Attach documentation as necessary.

Name of record holder _____

Records sought from (date) _____ to (date) _____

What records are sought?

Why are these records needed?

Requested by _____Date_____

Individuals who have been granted access with consent:
a.   Must not use the grant of access to obtain records other than those required to continue University business in the holder's absence.
b.   Must limit their inspection of the records to the least perusal of contents and the least action necessary to obtain the needed records.
c.   May not seek out, use, or disclose personal information contained in the records.
d.   Must not violate the UCD Acceptable Use Policy regarding use of a false identity.
e.   Must take all necessary steps to protect the access and/or account from unauthorized use.

I give my consent for access to my records.   ☐ Yes   ☐ No

Comments:

Record holder_____ Date_____

Department_____

Original: System Administrator   Copy: Record Holder   Retain: 3 years