

## 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 [AggieService](#) (Payroll-Apt Change/Separation-Separation OR End Apt if campus transfer)
- Consult with OCP HR as needed

### PREPARATION FOR DEPARTURE

- Send copy of this checklist with departure details to OCP HR, OCP Finance & IT Help Support
- Support employee in scheduling off-boarding appointment(s) as applicable
- Coordinate final [TRS](#) time sheet(s), utilizing a paper timesheet (below) to project time, if directed by SSO
- 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 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.
- Review system access' that may need to be revoked or transitioned (if a campus transfer)
- RETIREES ONLY: Coordinate retirement gift with OCP HR.

### 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](#) (below). Please note this is optional. Further Info can be found in [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 HR)
- 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- Ensure electronic and physical access has been revoked accordingly.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](#)
- [UC Path](#)
- [Mail forwarding](#)

# UC DAVIS SEPARATION CONTACTS

## UC Davis Shared Services Organization (SSO)

For questions regarding your final check, please ask for the Payroll Department.  
(530) 754-4772 or [aggieservice@ucdavis.edu](mailto:aggieservice@ucdavis.edu)

## UC Davis Employment Benefits Office Hours

Employee Benefits customer service phone and walk-in hours are 8:30 a.m. — 12:00 p.m. and 1:00 — 4:30 p.m. (Monday — Friday, excluding holidays)  
(530) 752-1774 or [benefits@ucdavis.edu](mailto:benefits@ucdavis.edu)

## UC Path Access for Former Employees

After you leave UC Davis, you will be able to access employment information online, for three years after your separation date. If you had your personal email address stored in UCPATH, you will receive an email from the UCPATH Center with notification that your account was created and instructions on access. If your personal email address was NOT in the UCPATH system or you do not receive that email confirmation, please call UCPATH Center at (855) 982-7284.

## Employment Verification

Employment Verifications are administered by The Work Number at <https://www.theworknumber.com/>.

### How to Provide Proof of Your Employment and Income

Please provide your employment verifier the following information:

- Inform them that UC uses The Work Number
- Provide them the University of California Employer Code: **15975**
- Provide them your Social Security Number
  
- In some instances, you may also need to create a "Salary Key" in order to complete an income verification. If your employment verifier requests a salary key, follow these steps:
  1. Log in to The Work Number as an employee.
  2. Enter the following information:
    - UC Employer Code: **15975**
    - User ID: Your **Social Security Number**
    - Personal PIN: Your birthday (**MMDDYYYY**).
  3. Select the "Create a Salary Key" option.
  4. Provide your verifier the six-digit salary key.

## 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

The Davis Campus and UCDHS Benefits Offices have a partnership with the Retirement Administration Service Center (RASC) at the Office of the President in Oakland to assist employees in transitioning into retirement.

To contact a retirement 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 HR Services:**  
**Email: [OCP-HR@ucdavis.edu](mailto:OCP-HR@ucdavis.edu)**

# Parting Reminders

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Last day in office: \_\_\_\_\_ Last day of employment: \_\_\_\_\_

You are:

Transferring elsewhere on campus to \_\_\_\_\_

Leaving UC Davis

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**

Payroll Period: \_\_\_\_\_ through \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department Name: \_\_\_\_\_

Week One								Week Two							
Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total

<b>1</b>																Total
Time Worked																
Paid Time Off																
Total Paid Time																
FAU:																

<b>2</b>																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: \_\_\_\_\_

## 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

\*Estimated hours worked to the end of the month\*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	*Estimated hours worked to the end of the month*											Total								
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																			
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																												<b>Total</b>		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	

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 UC Davis 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. <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:
Record holder _____ Date _____
Department _____