



Wilkes University

Departing Faculty Clearance Form

Please submit the completed form to Human Resources on or before your last day of work.

Employee:

Date of Separation:

Chair/Dean:

Department:

Items	Date	Department Representative Signature
ID Card, Parking Permit Return to Public Safety , ph. x 3817 UCOM-Garage, 148 South Main Street		
Building/Office Keys Return to Facilities , ph. x 2349, 229 South Main Street		
Books, Fees/Charges Farley Library , ph. x 4250 Corner of South Franklin Street & South Street		
P-Card, Outstanding Charges, i.e. Computer Purchase, Tuition, Fees, etc. Controller's Office – 32 West South Main Street		
Cell Phone, Laptop/Computer Return items to Supervisor		

New/Forwarding address for W-2 Tax purposes, etc.:

Will you be retained as an adjunct instructor?

Yes No

Employee Signature _____ Date _____

Human Resource Representative _____ Date _____