



COLLEGE OF MICRONESIA-FSM

EMPLOYEE CHECK-OUT FORM

Name: _____ FSM SS#: _____

Termination Date: _____ Departure Date: _____

Forwarding Address: _____

EMPLOYEE: Submit this form to the individuals responsible for the offices listed below. Your final paycheck will be withheld until this form is properly completed and all obligations to the College cleared. Complete form is submitted to Human Resources and Business Office.

Office Head: Indicate whether the employee is free of any obligation in your area. If not, please specify.

ACTIVITY	STATUS	SIGNATURE
1. Learning Resource Center: A. Overdue books & fines		
2. Media Instructional & Technical Center: A. Equipment & Other Resources		
3. Admissions, Records & Retention: [Instructors Only] A. Student Grades		
4. Business Office: A. Tuition B. Travel Voucher C. Purchase Orders D. Petty Cash Voucher E. Receiving Report		
5. Procurement & Property Management: A. Outstanding purchase & Property returns		
6. Bookstore: A. Employee Personal Account		
7. Maintenance: A. Equipment (s)		
8. Information Technology: A. Technology Device/equipment		
9. Human Resources: A. Entry Permit(s)		
10. Supervisor: A. Office keys B. Car keys C. Computer/iPad D. Projector E. Textbooks/Grade books F. Grades G. Performance evaluation H. Reports		

EMPLOYEE: If you are leaving the island, please clear your obligations with the following prior to departure.

COMPANY REP: This is just a reminder to the employee to clear his/her obligations with local business prior to his/her departure. The College is not responsible for any obligations incurred by the employee, unless the employee instructs the College in writing to deduct it from his/her paycheck.

COMPANY	STATUS	SIGNATURE
Landlord		
Utility		
FSMTC		
Island Cable		

I authorize the college to deduct outstanding obligations to the college from my final paycheck.

Print Name: _____ Signature: _____ Date: _____

