



**Final Pay Check List**

Name:		Job Code(s):	
Employee ID:		Job Code Description(s):	
		Separation Effective Date:	

Employee Actions				
	Action	Required (Yes / No / If applicable)	Source	Expected Turn Around time
<input type="checkbox"/>	Submit resignation in writing	Yes	Department HR/AP	N/A
<input type="checkbox"/>	Contact (Campus) Service Providers to cancel local deductions (i.e. parking, recreation center)	If Applicable	Respective (Campus) Service Provider locations	
<input type="checkbox"/>	Review any imputed income (contractual) obligations with department HR/AP (i.e. Moving Expenses)	If Applicable	Department HR/AP	
<input type="checkbox"/>	Complete and submit timesheet(s) Ensure all leave hours (takes) are entered.	Yes	TARS	
<input type="checkbox"/>	Verify home address, personal email, and phone number in UCPATH.	Yes	UCPATH Online	
<input type="checkbox"/>	Verify direct deposit information in UCPATH.	Yes	UCPATH Online	
<input type="checkbox"/>				
<input type="checkbox"/>				