



**Final Pay Check List**

<b>Name:</b>		<b>Job Code(s):</b>	
<b>Employee ID:</b>		<b>Job Code Description(s):</b>	
		<b>Separation Effective Date:</b>	

Supervisor Actions			
	Action	Required (Yes / No / If applicable)	Source
<input type="checkbox"/>	Review written resignation request for accuracy.	Yes	Department/AP
<input type="checkbox"/>	Notify department HR/AP/PY of resignation within one business day.	Yes	Department/AP
<input type="checkbox"/>	Review and approve any current and outstanding timesheets. Ensure all leave takes have been entered.	Yes	TARS
<input type="checkbox"/>			