



CITY OF WACO

DEPARTMENT CHECK RELEASE FORM

Employee Name (Last) _____ (First) _____ (MI) _____		Social Security Number _____
Department _____		Job Title _____
Today's Date _____	Effective Date of Separation _____	Last Day Worked _____

Please find attached the following:

- Departmental Employee File (Records) Personnel Requisition Form
 Request for Separation From Service Form Original Resignation and/or Termination Letter

ITEMS ISSUED & RETURNED:

	<u>YES</u>	<u>NO</u>	<u>DOES NOT APPLY</u>		<u>YES</u>	<u>NO</u>	<u>DOES NOT APPLY</u>
Keys:							
Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cellular Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uniforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer Access Codes:			
Equipment/Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notification to Information Technology of			
PAC Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee's Separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

OUTSTANDING ADVANCES FOR:

	Yes	No
Safety Shoes	<input type="checkbox"/>	<input type="checkbox"/>
Personal Computer	<input type="checkbox"/>	<input type="checkbox"/>
Travel Advance	<input type="checkbox"/>	<input type="checkbox"/>
Tuition Reimbursement	<input type="checkbox"/>	<input type="checkbox"/>
Other (i.e. CDL License, Petty Cash) _____	<input type="checkbox"/>	<input type="checkbox"/>
Has Employee signed final time sheet?	<input type="checkbox"/>	<input type="checkbox"/>

Mail Final Check? Yes No
 If yes, Address Where Final Check Should Be Mailed:

_____		_____	
Address		Telephone Number	
_____	_____	_____	_____
City	State	Zip Code	Separating Employee's Signature

_____	_____	_____
Print Supervisor's Name	Supervisor's Signature	Date
_____	_____	_____
Print Department Head's Name	Department Head's Signature	Date