



## Employee Exit Form

Name \_\_\_\_\_ Position \_\_\_\_\_

Department \_\_\_\_\_ Exit Date \_\_\_\_\_

Note: Employee should go to each area for exit sign-off and return completed form to Supervisor for FINAL signature.

Please indicate, YES, NO, or N/A if not applicable, in the appropriate blanks.

I. Shop: Tools checked in \_\_\_\_\_ Comments \_\_\_\_\_

Shop Signature \_\_\_\_\_

II. Key Shop: Keys checked in \_\_\_\_\_ Comments \_\_\_\_\_

Key Shop Signature \_\_\_\_\_

III. Items turned in:

OSU ID \_\_\_\_\_ Physical Plant ID \_\_\_\_\_ Issued materials \_\_\_\_\_ Uniforms \_\_\_\_\_

IV. Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final Exit Signature (Supervisor/Alternative) \_\_\_\_\_