

DEPARTMENTAL CHECKOUT FORM



PLEASE PRINT LEGIBLY

Full Name: _____ CSU ID #: _____

Position in Department: _____ Departure Date: _____

Future Address: _____

Personal Email Address: _____

Reason for Departure:

Spring Graduation Summer Graduation Fall Graduation Year: _____ Degree Earned: M.S. Ph.D.

Postdoctoral Fellow Position at: _____

Name of Postdoctoral Fellow Supervisor: _____

Employment at: _____

Employer City and State: _____

Other Reason: _____

Advisor **OR** Supervisor Signature

Printed Last Name

An Advisor OR Supervisor Signature ensures that:

- All bottles of chemicals are properly labeled with names and any other available information (see OSHA standard 29 CFR 1910.1200).
- All waste is properly labeled and prepared for pick up by Environmental Health Services.
- The laboratory area is clean and compliant with departmental safety policies.

COMPLETE THE SEPARATION STATEMENT ON THE REVERSE SIDE

Return completed and signed forms to Cindy Ungerman: cindy.ungerman@colostate.edu or room B303.

FOR OFFICE USE

Address Clearance - Cindy Ungerman

Key Return Clearance - Cindy Ungerman

PCARD Y N / Stockroom Card Clearance Y N - Cindy Ungerman

Financial Clearance – Accounting Office

SEPARATION STATEMENT



PLEASE PRINT LEGIBLY

I, _____, am voluntarily leaving my present position as a
Full Name

_____ effective _____ due to the following reason:
Position in Department Date

(Graduation, Postdoctoral Fellow Appointment, Employment, Job Search, Etc.)

Signature

Date