

**TERMINATION CHECKLIST**  
(HOUS, CPFI, OF12)  
*Department Use Only - optional*

Name: \_\_\_\_\_ UFID \_\_\_\_\_ Department/Specialty: \_\_\_\_\_

\_\_\_ **W4 Address Changes:** If the employee still has access to MyUFL they should change this themselves thru *MyUFL > My Account > Update my Directory Profile*. If they no longer have access, they will need to complete a "Former Employee Address Change Request" form: [https://hr.ufl.edu/wp-content/uploads/2018/04/former\\_employ\\_address.pdf](https://hr.ufl.edu/wp-content/uploads/2018/04/former_employ_address.pdf)

\_\_\_ **Enter Forwarding Address in New Innovations** (*Home, Private Practice, Military, Continuing Graduate Medical Education, Staying at UF*)

**Exit Requirements>Returns:** (department is responsible for collecting all returns and deactivating access as needed)

\_\_\_ Beeper/Cell

\_\_\_ All Keys (lounge, locker, etc...) & keycards/Fobs

\_\_\_ ID Badge destroyed or returned

\_\_\_ Departmental Requirements

\_\_\_ OTHER: \_\_\_\_\_

I verify that all personalized UFHealth / Shands prescription pads have been destroyed by me or turned into Pharmacy. I am aware that upon departure from University of Florida/UFHealth/Shands, I am no longer able to use these prescription pads. All of the above sections have been completed. Medical records (EPIC), Borland Library, parking fines and hospital accounts are listed as completed. In addition, there are no outstanding loans with the Attending Staff Foundation or the Office of Educational Affairs Emergency Loan Fund for Residents. I have given the resident/fellow a copy of this clearance form.

Signature of Resident/Fellow: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

- ❖ Health Insurance – Corina Velasquez, [c.velasquez@ufl.edu](mailto:c.velasquez@ufl.edu)
- ❖ Verification of Residency/Fellowship – COM-HR, Graduate Programs 265-8017