



**Woods Hole Oceanographic Institution
Human Resources Office
CHECK-OUT SHEET**

Individuals leaving the Institution are responsible for completing this form and returning all Institution property. **Those holding security clearances must also check out with the Security Office.**

Name:		I.D. Number:	
Position Title:		Dept./Group:	
Forwarding Home Address:			
Forwarding Home Phone:		Forwarding Email:	
Next Work Address:			
Next Position:		Next Work Phone:	
Instructions For Last Check (Choose One):			
<input type="checkbox"/> Use Current Procedure (E.G., Direct Deposit)			
<input type="checkbox"/> Special Instructions (E.G. Forwarding Address):			
Date Leaving:			
Reason For Leaving	<input type="checkbox"/> Leave Of Absence	<input type="checkbox"/> Resignation	<input type="checkbox"/> End Of Appointment
	<input type="checkbox"/> Other, Explain:		

I verify that the above information is correct. If I am an Employee and enrolled in the Institution's group medical and/or dental insurance program(s), I hereby confirm that I have been given notice of my rights and my dependent(s)' rights to continue group medical and/or dental insurance through the Institution. If I am a Student or Fellow and enrolled in the Institution's group medical insurance program, I understand that I can convert to a non-group policy.

Signature: _____

Date: _____

To Be Completed by Human Resources Representative:

WHOI Identification Card:	<input type="checkbox"/> returned	<input type="checkbox"/> retained	<input type="checkbox"/> lost
WHOI Credit Card:	<input type="checkbox"/> returned	<input type="checkbox"/> N/A	
Library Card:	<input type="checkbox"/> returned	<input type="checkbox"/> N/A	Outstanding books <input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Keys:	<input type="checkbox"/> returned	<input type="checkbox"/> given to	
Security Clearance:	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> checked out w/Security
Loans:	<input type="checkbox"/> no	<input type="checkbox"/> yes - type:	
Visa Status - Departure Notice Provided	<input type="checkbox"/> yes	<input type="checkbox"/> N/A	
Relocation Repayment (if employed less than 1 year)	<input type="checkbox"/> yes	<input type="checkbox"/> N/A	

Signature: _____

Date: _____

IRF check-out e-mail APO (PDI only)