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):			
☐ Use Current Procedure (E.G., Direct Deposit)			
☐ Special Instructions (E.G. Forwarding Address):			
Date Leaving:			
Reason For Leaving:			
☐ Leave Of Absence	☐ Resignation	☐ End Of Appointment	☐ Retirement
☐ 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:	☐ returned	☐ retained	☐ lost
WHOI Credit Card:	☐ returned	☐ N/A	
Library Card:	☐ returned	☐ N/A	Outstanding books ☐ Yes ☐ No
Institution Keys:	☐ returned	☐ given to	
Security Clearance:	☐ no	☐ yes	☐ checked out w/Security
Loans:	☐ no	☐ yes - type:	
Visa Status - Departure Notice Provided		☐ yes	☐ N/A
Relocation Repayment (if employed less than 1 year)		☐ yes	☐ N/A

Signature: _____ Date: _____

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