Louisiana State University Alexandria Faculty and Staff Checkout Form

| Name | Title | Sem/Yr | Date | |
|---|----------------------|--|---------------------|--|
| The signatures below verify that all checks will be issued according to | | | | |
| DEPARTMENT HEAD: | Uniforms and a | (Grade book, exam papers, keys, safety supplies, Uniforms and any other University property Issued at Department level.) | | |
| ACADEMIC AFFAIRS: | (Part-Time Fact | ulty Handbooks, if applicabl | e) | |
| ACCOUNTING SERVICES: | Outstanding fina | ancial obligations to the Uni | iversity completed. | |
| PURCHASING: | LaCarte Card re | eturned | | |
| IET SERVICES | | isable user's account – all t been returned (phones, cor | | |
| FACILITY SERVICES: | Any keys, etc. s | igned out by Facility Servic | es | |
| LIBRARY: | All library mater | ials returned in | | |
| RECORDS OFFICE: | All grades turne | d in (IF APPLICABLE) | | |
| EMPLOYEE | I verify that I ha | ve reassigned all Workday | Inbox Items | |
| This to verify that original copy of t Resource Management. | his form has been co | ompleted and submitted t | to Human | |
| - H | uman Resource Mar | agement Representative | | |