

EXIT PROCESSING FORM

OFFICE OF HUMAN RESOURCES



A Member of the Texas A&M University System

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Employee Name: _____

UIN: _____

1) **Forwarding Address:**

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

2) **If not participating in direct deposit, please provide instructions for final paycheck(s).**

Check one:

I will pick up.

Mail to the above address.

Other: _____

Employee's Signature

Date