



FROM: Office of Graduate Medical Education and Human Resources

RE: Housestaff Checkout Procedure 2011

As you prepare to leave the UCSF Fresno Medical Education Program, you will need to comply with the formal checkout procedure. Please follow these instructions carefully and talk to your program coordinator or call the Office of Graduate Medical Education at (559) 499-6520 if you have any questions.

Coordinators:

1. **Please complete section 6 before sending this form to your separating residents**

Housestaff:

1. **COMPLETE BOTH FORMS #1 & #2 (attached)**

Thoroughly obtain all signatures required on form #1. Fully and legibly complete form #2; your forwarding address information will be entered into the UC payroll system as your last known address of record for future W-2 forms, health benefit information and/or follow up, etc. **Incomplete forms will delay the checkout process.**

2. **GRADUATE QUESTIONNAIRE (ON E-VALUE)**

To increase the percentage of completed questionnaires, we have moved the form online at E-Value. If you have been indicated as leaving/graduating from UCSF Fresno, you have been assigned a graduate questionnaire. This evaluation is completely confidential (all identifying information has been suppressed and is not available to UCSF Fresno) and will not be reviewed until August 2011.

3. **UCSF FRESNO EMAIL DEACTIVATION**

As required by UCSF policies, UCSF accounts that provide access to computers at the UCSF Center and Email are disabled upon separation from the program. **Please be sure to save/forward any important emails prior to your official separation date.**

4. **FINAL CHECKOUT**

The final step in the checkout process will be to take the completed forms along with your UC & CMC ID badges and CMC parking placard to UCSF Fresno Human Resources located at the UCSF Fresno Center, 155 N. Fresno Street, second floor, Suite 266.

You will need to return any other badges to the appropriate facility or your program office as instructed. If you will be joining any of the local medical staffs, you will be issued new ID cards and parking access information when you complete medical staff appointment procedures.

Human Resources will provide you with information about COBRA insurance, your defined contribution plan (DCP) monies, your final paycheck and your training completion certificate.

Please contact HR in advance at (559) 499-6421 or rhernandez@fresno.ucsf.edu to ensure that your paperwork is ready when you arrive.

UCSF Fresno
Medical Education Program
Graduate Medical Education
155 North Fresno Street
Suite 251
Fresno, CA 93701
tel: 559-499-6520
fax: 559-499-6521
email:
gme@fresno.ucsf.edu

UCSF Fresno Medical Education Program
HOUSESTAFF CHECKOUT SHEET 2011

Form #1

(Legibly Print Full Name) Program: _____

All signatures must be obtained prior to reporting to UCSF Fresno HR for final checkout including any additional check out sites in item #6 required by your program (i.e. the VA, Selma, Kaiser, etc.).

1. **CRMC HEALTH INFORMATION MANAGEMENT:** _____ Date: _____
(HIM office: First floor CMC-Fresno; across from entrance to the Cafeteria; Medical Staff office hallway)

2. **CRMC LIBRARY:** _____ Date: _____
(CRMC Library: 4th floor of Annex building)

3. **CRMC MEAL CHARGES:** _____ Date: _____
Per CRMC policy, all meal charges at the cafeteria during the hours of 7am-6pm (excluding holidays and weekends) will be charged to the individual resident/fellow. Contact Jo Maloney at (559) 618-1513 for clearance signature.

4. **UCSF FRESNO MEDICAL LIBRARY:** _____ Date: _____

5. **CHILDREN'S HOSPITAL CENTRAL CALIFORNIA**
Cardiology/Emergency Medicine/Family Medicine/Infectious Disease/Pediatrics/Surgery programs **MUST** check out with CHCC. Please talk to your program office about this requirement or contact the CHCC Pediatric Residency office at (559) 353-5174 if you have any questions.

CHCC Medical Records: _____ Date: _____

CHCC Library: _____ Date: _____

CHCC Food Service: Date: _____ Date: _____

CHCC Pediatric Residency Office: Date: _____ Date: _____

6. **PROGRAM SPECIFIC (If required, Program Coordinators will include any additional sites that need clearance prior to providing this form to you).**

If required by program, check out at other sites as specified below:

Site: _____ Signature: _____

Site: _____ Signature: _____

7. **PROGRAM RELEASE**

This signature indicates all program-specific items have been met and authorizes HR to release final paychecks and training certificates (where applicable). **Designees: If you are signing for your program director, please be certain all program requirements have been met before signing this form.**

Programs may attach additional program-specific check out forms as required but should only sign this form after all requirements are met.

Program-specific items: pager keys Palm Pilot locker other _____

Signature of Program Director/Designee

Date

Form #2

**UCSF Fresno Medical Education Program
HOUSESTAFF FORWARDING ADDRESS FORM
(please complete legibly)**

Full Name: _____

Program: _____

Forwarding Address: _____

Phone Number: (_____) _____

E-Mail: _____

.....
 Yes No I hereby authorize UCSF Fresno to release my forwarding address information to affiliated partners for program-related purposes, without giving me prior notice of such disclosure.

Yes No I would like to be contacted for UCSF Fresno Alumni events.

Signature of Approval: _____

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Please answer the following questions (THIS INFORMATION WILL BE KEPT CONFIDENTIAL):

1. Will you be entering private practice? Yes No

If yes, address: _____

2. Will you be entering further post-graduate training? Yes No

If yes, in what specialty: _____

Program address: _____

FOR HR USE ONLY

UCSF Fresno badge returned CMC badge returned CMC parking placard returned

Form #1 Completed Form #2 Completed

Certificate of training completion: Given to resident To be mailed to forwarding address

Comments: _____