



# Termination Checklist

TOO-PEO-10

## Purpose

All managers must ensure that this Exiting Employee Checklist is completed for the exiting employee. The Checklist must be completed fully by the end of the last day of work for the exiting employee.

After completion, the signed checklist must be sent by the Manager to the Payroll Services Team for filing on the exiting employee's file and a copy to Information and Technology Services.

## Employee Details

Employee Name:

Manager/Supervisor:

Effective date of Termination:

## Termination Notifications

- ☐ Employee termination letter has been forwarded to Payroll Services for processing.
- ☐ If a verbal resignation, the manager must provide a letter accepting the resignation to the employee.
- ☐ Copy of letter sent to Payroll Services.
- ☐ Manager informs IT Services of the termination and the effective date.

## Work Handover

- ☐ Handover to manager or incoming person of current work
- ☐ Filing Completed

All intellectual property produced during employment remains the property of the Queensland Synod (detail if necessary)

## Workstation

- ☐ Clean work area and remove personal belongings
- ☐ Collect Business cards and name badge (if applicable)

## Motor Vehicle (if applicable)

- ☐ Get reading of odometer
- ☐ Check vehicle for cleanliness and damage
- ☐ Collect keys and Fuel Card

## Building Security

Disable security codes if necessary

Collect:

- ☐ Keys
- ☐ Fob

## Technology

Collect:

- ☐ Printer Fob
- ☐ Cell phone
- ☐ Laptop
- ☐ iPad

Signature of Completing Person: \_\_\_\_\_

Name of Completing Person: \_\_\_\_\_ Date: \_\_\_\_\_



**Manager forwards form to IT Services for completion**

## Computer Network Access

☐ Disable email account

Remove employee's name from:

☐ Email group lists

☐ Global address lists

☐ Internal/office phone list

☐ Website

☐ Close computer access to drives

☐ Disable Access to Programs

☐ Change or transfer phone extension

☐ Change voicemail

☐ Change office mailbox

Signature of Completing Person: \_\_\_\_\_

Name of Completing Person: \_\_\_\_\_ Date: \_\_\_\_\_

Fully completed form must be returned to Payroll Services for filing on the employee's file.