

Separating Employee Checklist

Instructions: The immediate supervisor initiates this form and completes Sections I - IV on or before the last day of employment. The department retains the Separating Employee Checklist.

EMPLOYEE INFO

Name: _____ (Last, First, MI)

Effective Date of Termination: _____

Forwarding Address: _____

SECTION I

____ Letter of Resignation received (if appropriate)

____ Human Resources Notified (if appropriate)

____ Performance Evaluation Completed (if appropriate)

SECTION II

____ All Keys Returned

____ Department Manuals/Equipment Returned

____ Name removed from Authorized Signature Files

____ Name removed from Authorized Entrance Files

____ Computer accounts (userid) cancelled

____ Identification Card Returned

____ Parking Pass Returned

____ Credit Cards Returned (if applicable)

SECTION III

____ Timesheet Completed

____ Final paycheck mailed

SECTION IV

____ Exit Interview Done

____ Benefit Conversion Information provided

____ Termination of Employment Benefits Checklist

____ COBRA Information

____ Unemployment Insurance Information

____ State Disability Brochure

____ UCRS Distribution Kit