Exit Checklist – Office of Human Resources

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Termination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exit Interview Scheduled for \_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_ with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **Date** |
| Termination Letter: |  |
| Medical/Dental Benefits – COBRA  |  |
| Medical Insurance Carrier Notified |  |
| Dental Insurance Carrier Notified  |  |
| Life Insurance Conversion |  |
|  Basic |  |
|  Group |  |
|  Supplemental |  |
| Change of Address Form |  |
| Vacation Payout Requested \_\_\_\_\_Number of Days to Pay OutAnnual Salary/261 = Day RateHourly Rate x 7.25 or 8 = Day Rate |  |
| Retirement Plan |  |
| Expense Reports/Other Reimbursements Submitted |  |
| Unemployment Compensation |  |
| Process for Receiving Final Paycheck |  |
| Termination Payroll Authorization Sent to Payroll  |  |
| Notification to Campus Community via Report ITS Purchasing Health Center Security Library Recreation Services Development  |  |

Exit Checklist – Supervisor

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Termination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **Date** |
| Computer Network Access Inactivated |  |
| Computer Files Backed-Up  |  |
| Email Announcement/Forwarding |  |
| Tools/Equipment Returned |  |
| Voicemail Inactivated  |  |
| Keys Returned (forward to Plant Operations)  |  |
| College ID Returned (forward to HR) |  |
| Procedure for Providing References  |  |
| Credit Card Returned  |  |