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 Out  Annual Salary/261 = Day Rate  Hourly 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 |  |