

Exit Checklist

Employee's Name: _____ Position Title: _____ Date: _____

Human Resources

Date

- | | |
|---|-------|
| <input type="checkbox"/> Written resignation notice received or RIF | _____ |
| <input type="checkbox"/> Fill out and sign Employment/Change Form | _____ |
| <input type="checkbox"/> Service awards roster checked | _____ |
| <input type="checkbox"/> Exit interview (Supervisor or HR Director) | _____ |
| <input type="checkbox"/> Timecard turned in, if needed | _____ |
| <input type="checkbox"/> Severance payments (if applicable) (Supervisor or HR Director) | _____ |
| <input type="checkbox"/> Leave forwarding address for W-2 and possible pension notification | _____ |

HR Director Signature

Supervisor

Date

- | | |
|--|-------|
| <input type="checkbox"/> Delete from memberships | _____ |
| <input type="checkbox"/> Return of membership cards | _____ |
| <input type="checkbox"/> Return of organization's records, files, etc. | _____ |
| <input type="checkbox"/> Personal property removed | _____ |

Supervisor Signature

Accounting/Payroll

Date

- | | |
|--|-------|
| <input type="checkbox"/> Final salary check | _____ |
| <input type="checkbox"/> DTO Check or direct deposit | _____ |
| <input type="checkbox"/> Return of credit cards | _____ |
| <input type="checkbox"/> Equipment (e.g laptop or other) returned | _____ |
| <input type="checkbox"/> Payments due from employee
(e.g. outstanding petty cash, copier charges, meeting fees) | _____ |
| <input type="checkbox"/> Other withholdings | _____ |
| <input type="checkbox"/> TDAs – note date of separation on billing | _____ |
| <input type="checkbox"/> Direct deposit vs. hand processed checks | _____ |

Accounting/Payroll Signature

Facilities Manager

Date

- | | |
|--|-------|
| <input type="checkbox"/> Return of keys, ID tag, parking permit (delete from system) | _____ |
|--|-------|

Facilities Manager Signature

(see back side of page)

Benefits Administrator

Date

- Employment/Change Form received _____

For regular full-time and part-time employees regularly working 15 or more hours per week:

Flexible Spending Account form (if applicable) _____

For regular full-time employees regularly working 30 or more hours per week (if applicable):

- If enrolled on Colonial products, provide portability information _____
- If enrolled on Supplemental Life Coverage, provide Portability/Conversion info _____
- Medical continuation info, if applicable, will be sent by Third Party Administrator _____

Benefits Administrator

Information Systems

Date

- Delete/disable computer, application, and remote access (VPN) accounts _____
- Delete/reassign e-mail box, contact lists, and data from home directory _____
- Recover equipment _____
- Change passwords on all accounts likely to be known by outgoing person _____

Information Systems Personnel Signature

The completed Exit checklist must be returned to the Human Resource Office.