



# SEPARATION/TERMINATION CHECKLIST

NAME:		JOB TITLE:	
EMPLOYEE #:	DEPARTMENT/PROGRAM:	EFFECTIVE DATE:	
REASON FOR LEAVING:			
<input type="checkbox"/> Resign <input type="checkbox"/> Terminated <input type="checkbox"/> Retire			

Returned	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Resignation Letter
<input type="checkbox"/>	<input type="checkbox"/>	Computer (Laptops, I-pads, flash drives ) and Audio Visual Equipment
<input type="checkbox"/>	<input type="checkbox"/>	Company Keys (doors, desk, cabinets, automobiles, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Company Cell Phones (password)
<input type="checkbox"/>	<input type="checkbox"/>	HEC Handbook
<input type="checkbox"/>	<input type="checkbox"/>	Company Purchasing Cards
<input type="checkbox"/>	<input type="checkbox"/>	Electronic Access Identification (ID and passwords)
<input type="checkbox"/>	<input type="checkbox"/>	Final Expense Report
<input type="checkbox"/>	<input type="checkbox"/>	Cancel Confirmations: Classes/Workshops & Transportation/Lodging
<input type="checkbox"/>	<input type="checkbox"/>	Collect & Secure company files, documents & client information
<input type="checkbox"/>	<input type="checkbox"/>	Review accrual report (verify vacation leave status)
<input type="checkbox"/>	<input type="checkbox"/>	Update forwarding contact information online – address, phone, personal e-mail
<input type="checkbox"/>	<input type="checkbox"/>	Referred to Human Resources - insurance, retirement, etc.

Signature indicates that the above was returned and an exit interview took place.

Employee Signature	Date
Supervisor Signature	Date
Department Director Signature	Date
HEC Designee	Date

**For HR Use Only**

HR Administrator Signature	Date Received
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