Memorandum

TO: All Departments
FROM: Human Resources Department
SUBJECT: Exit Checklist

All exiting employees must bring a copy of the completed Employment Exit Checklist to the Human Resources Office at the time of the exit interview. The exiting employee is responsible for completion of Group A items. Departmental administrators are responsible for assuring that Group B of the checklist is completed. Groups A & B must be completed prior to the Exit Interview in the Human Resources Office. Please send, with the employee, a copy of their Letter of Resignation (if applicable), copy of F3.2, copy of previous month’s F3.6 and the F3.6 for the current month. Also send the Exit Interview packet with the employee.

This checklist has been implemented to protect the security of the information system, facilities, assets, and to assure the collection of creditcards.

Please maintain the attached copy as a master for duplication whenever an employee resigns, retires, or is terminated from your department.

Attachments:
  Employment Exit Checklist Instructions
  Employment Exit Checklist
EMPLOYMENT EXIT CHECKLIST
INSTRUCTIONS

PART I

The exiting employee will be responsible for completing items in Group A. For Items in Group B, the department secretary (or designated person) will call the designated extension, get clearance for the exiting employee and collect/prepare the listed items. By initialing the blank in front of each item, the secretary (or designee) shall indicate that clearance was received and items have been collected/prepared. Copy of F3.2, copy of letter of resignation, F3.6 for current month, copy of F3.6 for previous month, and exit checklist should be turned over to the Human Resources officer during the exit interview.

It is the responsibility of the department and/or the exiting employee to schedule an appointment with the Human Resources Office for an Exit Interview.

PART II

The following information must be completed by the terminating employee during the exit interview.

I have returned all property to the proper departments and I have settled all debts with my employer. I have been counseled regarding my rights of retirement, continuation of health and/or dental insurance, and settlement of all payments due to me in regards to salary, unused vacation, and/or overtime pay.

Signature: ___________________________ Employee ID #: ___________________ Date: __________

Forwarding Address: ________________________________

City: _______________ State: ___________ ZIP: __________

Last check will be: _____ Mailed to the address above

_____ Continue Direct Deposit

HUMAN RESOURCES REPRESENTATIVE:

Signature: ___________________________ Date: __________

With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.
EMPLOYMENT EXIT CHECKLIST

NAME: __________________________________________ T#: ________________________________
TITLE: __________________________________________ DEPARTMENT: ________________________
LAST DAY WORKED: ___________________________

GROUP A (COMPLETED BY EMPLOYEE)
  o Letter of resignation
  o F3.6 As for current and previous month if applicable

GROUP B (COMPLETED BY DEPARTMENT)
Verify with LIT cashier, 839-2064
  o Money owed to LIT
  o Traffic tickets
  o Verify with LIT finance, 839-2021
    o Travel advances
  o Verify with library
    o Library books unreturned
  o Verify with LIT IT Dept., 839-2074
    o Computer account deactivation
    o Long distance code deactivation
  o Collect from Employee
    o Computer equipment (laptop, etc.)
    o Tools/safety equipment
    o Credit card
    o Password for voicemail
  o Prepare/Sign
    o Personnel action form (F3.2)
    o Vacation/sick leave request forms (F3.6A)

Group B Completed by: ____________________________

GROUP C (COMPLETED BY HR)
  o Collect from employee
    o Copy of completed F3.2
    o Exit Interview Checklist
    o Copy of Resignation Letter
    o Vacation/Sick Leave Request Forms (F3.6A)
  o Have employee complete
    o Sick Leave Pool Donation Form if applicable (optional)
    o Address Change Form if applicable
    o Voluntary Exit Employee Survey (optional)
  o Review with employee
    o Clarification of:
      ▪ Separation
      ▪ Transfer/State Agency
      ▪ Retirement
    o Retirement fund options (freeze, transfer, withdraw)
    o Insurance termination effective date
    o COBRA
    o Vacation/overtime pay or transfer
    o Final paycheck
    o Transfer of benefits if applicable

Group C Completed by: ____________________________