

**EMPLOYEE EXIT CHECKLIST**

Form # (Issue/Revision Date))

The Unit Coordinator initiate's this form when it becomes known that an employee will be leaving the Department. Clearance of Sections I and II of this form must be obtained no later than the employee's last workday.

**Section I To be completed by Unit Coordinator**

1. EMPLOYEE NAME	UNIT	
HOME ADDRESS	CITY AND ZIP CODE	HOME TELEPHONE NO. ( ) -
SEPARATION DATE	NEW DEPARTMENT, IF APPLICABLE	

**2. RETURNED ITEMS CHECKLIST: DATE ITEMS RETURNED: \_\_\_\_\_**

<p><b>Business Services Issued Items</b></p> <ul style="list-style-type: none"> <li>➤ PAGER# _____</li> <li>➤ CELL PHONE # _____</li> <li>➤ PERSONAL DIGITAL ASSISTANT (PDA) DEVICE</li> <li>➤ BUILDING CARD KEY # _____</li> <li>➤ FURNITURE/MODULAR KEYS</li> <li>➤ RESTROOM/OFFICE/STORAGE KEYS</li> <li>➤ DGS CHARGE CARD # _____</li> <li>➤ OTHER _____</li> <li>➤ PAGER</li> <li>➤ CELL PHONE</li> <li>➤ PERSONAL ASSISTANCE DEVICE (PDA)</li> <li>➤ NAMEPLATE</li> <li>➤ ID CARD</li> <li>➤ BUILDING CARD KEY # _____</li> <li>➤ FURNITURE/MODULAR KEYS</li> <li>➤ RESTROOM/OFFICE/STORAGE KEYS</li> <li>➤ DGS CHARGE CARD # _____</li> <li>➤ OTHER _____</li> </ul>	<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> </table>	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE
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<p><b>Information Technology Issued Items</b></p> <ul style="list-style-type: none"> <li>➤ COMPUTER</li> <li>➤ SOFTWARE</li> <li>➤ PRINTER</li> <li>➤ USB FLASH DRIVE</li> <li>➤ OTHER _____</li> <li>➤ NETWORK ACCESS</li> <li>➤ EMAIL ACCESS</li> <li>➤ REMOTE ACCESS</li> <li>➤ OTHER ACCOUNTS _____</li> </ul>	<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> RETURNED</td><td><input type="checkbox"/> LOST</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> DELETED</td><td><input type="checkbox"/> DISABLED</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> DELETED</td><td><input type="checkbox"/> DISABLED</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> DELETED</td><td><input type="checkbox"/> DISABLED</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> <tr><td><input type="checkbox"/> DELETED</td><td><input type="checkbox"/> DISABLED</td><td><input type="checkbox"/> NOT APPLICABLE</td></tr> </table>	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RETURNED	<input type="checkbox"/> LOST	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> DELETED	<input type="checkbox"/> DISABLED	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> DELETED	<input type="checkbox"/> DISABLED	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> DELETED	<input type="checkbox"/> DISABLED	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> DELETED	<input type="checkbox"/> DISABLED	<input type="checkbox"/> NOT APPLICABLE																					
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**Section I Continued**

<b>3. ATTENDANCE FOR CURRENT PAY PERIOD</b>								<b>DATES OF ABSENCES &amp; EXTRA TIME WORKED</b> Month: _____ Year: _____																							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
REMARKS																															
EMPLOYEE SIGNATURE _____ DATE _____																SUPERVISOR SIGNATURE _____ DATE _____															
<p>4. <input type="checkbox"/> EXIT QUESTIONNAIRE TO EMPLOYEE      DATE: _____</p> <p>5. <input type="checkbox"/> RPA TO HUMAN RESOURCES      DATE: _____</p> <p>6. <input type="checkbox"/> AUTOMATED OFFICE CHANGE FORM COMPLETED      DATE: _____</p> <p>7. UNIT COORDINATOR'S SIGNATURE: _____</p>																															

**Section II To be completed by Business Services**

1.	<input type="checkbox"/> CHECKLIST ITEMS RETURNED	DATE: _____	EXCEPTIONS/RELATED COSTS: _____
2.	<input type="checkbox"/> RECEIPT FOR PAYMENT OF LOST ITEMS	DATE: _____	
3.	<input type="checkbox"/> BUILDING CARD KEY ACCESS TERMINATED	DATE: _____	
4. EMERGENCY COORDINATOR	<input type="checkbox"/> NOTIFIED FLOOR WARDEN FOR REPLACEMENT	<input type="checkbox"/> NOT APPLICABLE	
	<input type="checkbox"/> NOTIFIED CRISIS MANAGEMENT TEAM FOR REPLACEMENT	<input type="checkbox"/> NOT APPLICABLE	
5. PARKING	<input type="checkbox"/> PRE-TAX PARKING CANCELLATION FORM	DATE: _____	<input type="checkbox"/> NOT APPLICABLE
6. BUSINESS SERVICES' SIGNATURE: _____			

**PROVIDE COMPLETED FORM TO THE <OFFICE NAME> IMMEDIATELY**

**Section III To be completed by Human Resources**

1.	<input type="checkbox"/> FINAL PAY RELEASED	DATE: _____	PAYMENT DELIVERED: <input type="checkbox"/> REGULAR <input type="checkbox"/> IN-PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> CERTIFIED
2. HUMAN RESOURCES' SIGNATURE: _____			

## **<Form Number> instructions**

### ***Section I – To be completed by Unit Coordinator***

1. Complete the top portion of Section I with the employee's information (e.g., name, address).
2. Complete the **Returned Items Checklist** portion of Section I. Check the box(es) (e.g., returned, lost, not applicable) for each item listed. For items not listed, specify the item in the "Other" field and mark the appropriate box. This will assist the Business Services Office (BSO) in determining any costs for lost items. The employee may be charged the actual replacement costs for some lost items. For lost items requiring reimbursement, employees must submit payment to the BSO payable to <DEPARTMENT NAME>. Receipts for payment of lost items will be provided by the BSO. If payment is not received, the amount due will be collected from the employee's final pay.
3. Complete the **Attendance for Current Pay Period** portion of Section I. Enter the "Month" and "Year" for the current pay period. For WWG 2 employees using leave credits, enter the number of hours and appropriate leave symbol (e.g., 8V, 4AL, 2S) for the specific dates in the calendar section. For WWG E employees using leave credits for whole day absences, enter the number of hours and the appropriate leave symbol(s) reflecting the type of leave used. In addition to this form, if sick leave time is reported, an Absence and Additional Time Worked Report (Std. 634) must be completed indicating the reason for the absence, approved by the supervisor, and submitted to the Human Resources Office separately. Use the "Remarks" section to indicate a Std. 634 will be submitted or to report that no time was used for the month.
4. Check the **Exit Questionnaire to Employee** box and provide the date the questionnaire was given to the employee for completion.
5. Check the **RPA to Human Resources** box and provide the date the RPA was submitted to the Human Resources Office.
6. Check the **Automated Office Change Form Completed** box and provide the date the change form was completed and routed.
7. Once Section I is completed and all of the State property items are collected and/or accounted for, sign the form verifying all requirements have been met.
8. Immediately provide the original <Form #> along with the returned items to the BSO.

### ***Section II – To be completed by Business Services***

1. Check the **Checklist Items Returned** box and provide the date. This certifies that the BSO has received all of the items as indicated on the checklist. If there are any exceptions, indicate the items and related costs in the space provided.
2. Check the **Receipt for Payment of Lost Items** box and provide the date receipt was given to the employee. This confirms payment was received for any lost items.
3. Check the **Building Card Key Access Terminated** box and provide the date the termination was processed.
4. If the employee is an **Emergency Team Member**, the BSO Emergency Coordinator will notify the respective Floor Warden and/or Crisis Management Team so that a replacement can be designated. If not applicable, mark the box to indicate such.
5. If the employee is a **Pre-Tax Parking** participant, the BSO will provide the employee the required forms to cancel their parking payroll deduction and indicate the date received. If not applicable, mark the box to indicate such.
6. Once Section II is completed, the BSO representative will sign the form and immediately forward it to the Human Resources Office for completion of Section III.

### ***Section III – To be completed by Human Resources***

1. Check the **Final Pay Released** box and provide the date the employee's final pay was released and how payment was delivered (e.g., in person, regular/certified mail).
2. Once Section III is completed, the HRO representative signs the form and retains the original form in the employee's official personnel file.