

## **EMPLOYEE EXIT CHECKLIST** (Initiated and Completed by Employee's Immediate Supervisor)

The Supervisor of the exiting employee must notify the Office of Human Resources and initiate this form when they have been notified that an employee will be leaving the district. This form is to be completed no later than the employee's last work day.

			☐ RETI	RE RESI	GN 🗆 🛭	DISCHARGE	
To be completed by Supervisor of exiting	g employee						
Today's Date:							
Employee Name:	Employee I	ID#		Position:			
Address of exiting employee:			I	City/ZIP			
Phone: ( )	CCS Depar	tment:		I			
Letter of resignation or retirement submit  Exit Date	ted to Humar	n Resources?	□ YES □ NO	(if no, please attac	h copy of resig	nation)	
RETURNED ITEMS CHECKLIST – INIT CHECK ALL THAT APPLY Building key(s) and/or Building access card	TIAL AND	Employee Initials	Supervisor Initials	Date Returned	Lost	Not Applicable	
Office door key(s)							
Filing Cabinet key(s)							
Desk key(s)							
Photo Identification Badge							
Vehicle and/or keys							
Parking card/permit							
Laptop computer (supervisor to ret to IT)							
iPad and/or iPod (supervisor to return to IT)							
Other computer hardware							
Computer flash drive							
Transportation Zonar card							
Fleet blue fuel card							
Pager							
Two way radio							
Other							
☐ CHECKLIST ITEMS RETURNED DATE			COST FOR LO	ST ITEMS IDENT	FIED \$	_	
☐ HAS BUILDING ACCESS CARD BEEN INA	CTIVATED?	IF <b>YES</b> :					
If <b>NO</b> : call 5268 for inactivation		DATE		BY			
Employee Signature::		DATE					
Supervisor Signature:		DATE					