

Administration Building 408 South Carroll Avenue Michigan City, Indiana 46360 (219) 873-2000

Checklist for Employees Leaving the District

This form is to be completed by the immediate supervisor of any employee leaving the District. Once the form is complete and signed by both parties it should be returned to Personnel.

Date:		Employee Name:		
Building:		Room No		
Reason for Leaving:	Position Clos	ed	Reduction in Force	
Retirement/Resignation	Position Post	ed		
			New Hire Name (if known)	
Technology – All technology items w	rill be picked up by	y Technolo	gy. Please check all that apply:	
Cell Phone and accessories	С	□ Yes	☐ Does Not Apply	
Lap Top/Chrome Book and ac	ccessories [□ Yes	☐ Does Not Apply	
Ipad/Tablet and accessories		□ Yes	☐ Does Not Apply	
School Corporation ID - Return to personnel		□ Yes	☐ Does Not Apply	
Uniforms	[□ Yes	☐ Does Not Apply	
Other MCAS Property (i.e., cameras				<u> </u>
Manager's Signature:				
Employee's Signature:				
Forward completed form to: Person For Personnel Use Only	nnel			
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Technology Department	Date		Support Services	Date