



# EXIT CHECKLIST

**TO BE COMPLETED UPON SEPARATION FROM EMPLOYMENT**

**EMPLOYEE'S INFORMATION:**

Name:  
 Address:  
 City: State: Zip:  
 Home Phone: Cell:  
 Classification:  
 Employee Group: Department:  
 Supervisor:

**SEPARATION DOCUMENTATION:**

Letter of Resignation on File Termination Action Form:  
 Effective Date: Issue Date: Effective Date:  
  
 Date of Superintendent Acceptance: Layoff Notice on File  
 Date of Board acknowledgement: Issue Date: Effective Date:  
 Completed By: Date:

**TO BE COMPLETED BY SUPERVISOR/OPERATIONS**

Yes	No	N/A	Collect Keys
Yes	No	N/A	Collect ID Badge
Yes	No	N/A	Laptop (and Accessories)
Yes	No	N/A	iPad or tablet (and Accessories)
Yes	No	N/A	Cell Phone (and Accessories)
Yes	No	N/A	Parking Permit
Yes	No	N/A	P Card (including reconciliation)
Yes	No	N/A	HDMI Dongle
Yes	No	N/A	Apple TV
Yes	No	N/A	Other _____

Completed By: Date:

**TO BE COMPLETED BY INFORMATION TECHNOLOGY**

Yes	No	N/A	Reset Computer Passwords
Yes	No	N/A	De-activate E-Mail Account
Yes	No	N/A	Phone/Voice Mail Extension
Yes	No	N/A	Remove Employee from Distribution Lists
Yes	No	N/A	Disable Web Site Access
Yes	No	N/A	Disable Server Login
Yes	No	N/A	Other

Completed By: Date: