



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: