

EMPLOYEE EXIT REVIEW CHECKLIST

To be reviewed at least 1 week prior to last day of employment

NAME _____ GC ID _____ DATE _____
POSITION _____ DEPT _____
REASON FOR LEAVING _____ LAST DAY _____

VERIFY COMPLETION OF EACH OF THE FOLLOWING:

Supervisor to review checklist with employee and complete Business, Other, and Electronics/Files, then return form to HR. Employee must sign the checklist.

BUSINESS	Discussed	Completed	Not Applicable
Personal Account, Cash hold, etc.	_____	_____	_____
Return College Credit Card	_____	_____	_____
Allocate all credit card expenses	_____	_____	_____
Completed by: _____			

OTHER	Discussed	Completed	Not Applicable
Return keys to PhysPlant	_____	_____	_____
Return ID to Safety Director	_____	_____	_____
Parking sticker(s) to Safety Director	_____	_____	_____
Return library materials	_____	_____	_____
Return any other college property (uniforms, etc.)	_____	_____	_____
Completed by: _____			

ELECTRONICS/FILES	Discussed	Completed	Not Applicable
GC info removed from private devices	_____	_____	_____
Reviewed location of confidential files (digital and physical)	_____	_____	_____
Computer log-on inactivated	_____	_____	_____
Email account terminated/transferred	_____	_____	_____
Laptop, Ipad or other device/equipment returned	_____	_____	_____
Voicemail box updated or terminated	_____	_____	_____

Employee Signature: _____

Supervisor: _____

HUMAN RESOURCES

Discussed

Completed

Not Applicable

Benefits

Tuition Assistance

Vacation Accrual Payout

Final Check date

Forwarding Address:

Personal Email Address:

Phone:

Completed by:

HR Use Only

Departments to Notify:

ITS

PhysPlant

Campus Safety

Finance

Development

Events

Welcome Cntr

mviruez (mail)

other