

EMPLOYEE EXIT CHECKLIST

Employee Name: _____ Separation Date: _____

Position: _____ Department: _____

EMPLOYEE CHECKOUT LIST

To Supervisor: Please initial and date if completed or indicate "NA" if not applicable. Please attach to the Payroll Change/Status form for dismissals, terminations, or resignations. Submit all copies to Personnel Office.

- _____ Employee provided written notice of separation
- _____ Final Timesheet
- _____ Give passwords for computer county/state systems
- _____ Turn in voicemail password
- _____ Turn in Credit Cards/Gas Cards
- _____ Turn in combination to safes
- _____ Turn in ID Badge/Access Cards
- _____ Return Laptop, Cell Phone, Pager
- _____ Return all uniforms
- _____ Turn in keys (vehicle, door, file cabinets)
- _____ Return other county property/equipment (please describe)
- _____ Submit Forwarding Address for W2 _____

This is to certify that the above listed items have been returned. I have no other county property in possession.

Date	Employee Signature
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Date	Supervisor Signature
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Date	Christy Saunders, Emergency Management
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FOR PERSONNEL OFFICE USE ONLY

FINAL CHECK ISSUED ON: _____

Date	Margaret Simpson, Personnel Director
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