



**PERSONNEL BOARD OF JEFFERSON COUNTY
SUPERVISOR/DEPARTMENT HEAD AND EMPLOYEE EXIT CHECKLIST**

This checklist is intended to help supervisors/department heads and employees complete each employee's exit process. The completed form should be returned to the Human Resources Department by the close of business of the employee's last day. The Team Leader is responsible for ensuring the completion of this form.

A signature is required on every line. If not applicable, indicate with "N/A".

PART A: TO BE COMPLETED BY EMPLOYEE

GENERAL INFORMATION

Employee Name: _____

EE Number: _____

Department: _____

Dept Head/Team Leader Name: _____

Last Day of Employment: _____

PART B: TO BE COMPLETED BY IMMEDIATE SUPERVISOR

- Attach letter of resignation, termination document or transfer papers as soon as possible after learning of separation or transfer & send documents to Human Resources and Payroll
 _____ Immediate Supervisor _____ Date
- Inform IT to remove employee's security access
 _____ Immediate Supervisor _____ Date
- Inform Data Management to remove employee's system access
 _____ Immediate Supervisor _____ Date

PART C: TO BE COMPLETED BY INFORMATION TECHNOLOGY DEPT. HEAD/TEAM LEADER

- Collect identification badge
 _____ IT Signature _____ Date
- Collect blackberry
 _____ N/A _____ Date
- Collect laptop computer
 _____ IT Signature _____ Date
- Collect cell phone
 _____ N/A _____ Date
- Collect camera
 _____ IT Signature _____ Date
- Collect projector
 _____ IT Signature _____ Date
- Remove employee from Intranet directory
 _____ IT Signature _____ Date
- Deactivate Voice Mail
 _____ IT Signature _____ Date
- Remove employee from telephone directory
 _____ IT Signature _____ Date

PART D: SECTION TO BE COMPLETED BY BUSINESS OFFICE

- Collect office/building keys
 _____ N/A _____ Date
- Collect any outstanding petty cash amounts or travel advances
 _____ Business Officer signature _____ Date
- _____
 _____ N/A _____ Date
- _____
 _____ Business Officer signature _____ Date

PART E: SECTION TO BE COMPLETED BY GENERAL SERVICES

- Collect parking decal
 _____ N/A _____ Date
- _____
 _____ General Services signature _____ Date

PART F: EMPLOYEE RESPONSIBILITY

RISK MANAGEMENT

- Employee should go to Jefferson County Risk Management Office for Benefit Separation

I certify that the above information is correct.

Employee Signature _____ Date

Supervisor/Department Head Signature _____ Date

Manager, HR Information & Technology Services _____ Date

Personnel Director

Date