

Exit Information								
Employee Name:								
Position Name:						Position Number:		
Work Phone:				Email Addre	Email Address:			
Department:								
Manager/ Supervisor								
Work Phone:				Email Addre	ess:			
	Mo.	Day	Year			Retirement:	(Date)	99/99/99
Last Day of Work:				Type of		Transfer		
(in current position)	99	99	99	Attrition:		Promotion		
(° • • • • • • • • • • • • • • • • • • •						Termination		
If promoting/ transferring:								
Future Department:			Future Position:					
Future Manager/ Supervisor:					ager/Supervisor ne Number:			

Em	Date Completed	
	Notify Manager/Supervisor of intent to leave/change employment w/ at least two week's notice.	
	Submit a letter of resignation (if separating employment) to Manager/Supervisor.	
	Return all company-issued equipment on or before the last day of work/position.	
	Complete the Exit Survey/Questionnaire, prior to his/her last day of service.	
	Participate in an exit interview with Human Resources Manager, or other party.	
	If applicable, contact Retirement.	
	If applicable, contact Benefits.	



Su	perv	visor/Manager Actions			Date Completed
	lf a				
	Cor	nplete current position (vacancy) inform	ation.		
	Not	ify leadership of impending change and	asso	ciated dates.	
	Not noti	ify Personnel of impending change and ice.	asso	ciated dates, with at least one week's	
	Obt	ain list of equipment issued to employee	e from	n Information Technology staff.	
	Not	ify employee position-related equipment	t mus	t be returned on or prior to last day.	
	Ver	ify contact information in system is corre	ect an	d applicable for future reference.	
	Not	ify Information Technology department t	o ren	nove individual and access from:	
		Time Keeping System		Network account/access	
		Cardkey		Telephone directory	
		Email system		Applicable software/applications	
	Develop a transition / coverage plan:				
		How will coverage be provided?	th .	How will work be delegated and to whom?	
		How will knowledge be transferred?		Where will work status be captured?	
	 Does a new requisition need to be created? (if so, contact Personnel/Human Resources) 				
	□ Who and how will training for the replacement be provided, if necessary?				
	Provide value added feedback and information on employee performance				
	Inform employee about Exit Survey				
	Inform employee about any retirement plan options, if applicable				
	Determine how best to say thank you for the employee's service (lunch, celebration)				
	Oth	ier:			
	Oth	ier:			



Dep	artment Personnel Staff Actions	Date Completed	
	Code employee timecard for exit.		
	Update personnel information in Human Resources database.		
	Complete a separation report and send to senior management.		
	Process Personnel Action Form and send to department head.		
	File letter of resignation in the Personnel file.		
	Process terminal pay and mail to individual.		
	Issue / send Exit Survey.		
	Other:		
	Other:		
	6		

Info	rmation	Technology Actions	Date Completed
	Provide	the Manager/Supervisor with a list of equipment issued to the employee.	compiotoa
	Once e	quipment is received, verify the equipment is in working order.	
	Terminate employee / employee access to building, systems, and applications.		
	Other:		
	Other:		
		MMN.	



The Information Technology staff will indicate the equipment issued to the employee to perform his/her duties.

When the equipment is returned by the employee, the Manager/IT staff will enter the return date and the initials of the receiving party.

Eq	uipment Checklist	Model Number	Date Returned	Received by Initials	
	Bluetooth				
	Building key (if applicable)				
	Cell phone/Smart phone	\$			
	Credit card(s)				
	Digital or Polaroid camera	, ,			
	Furniture key/Office key (if applicable)				
	□ ID badge/Card key				
	Laptop				
	Pager				
	Portable printer				
	Memory stick/Flash drive				
	Physical keys (cabinets, equipment, desk, etc.)				
	Mobile device (phone, PDA, tablet)				
	Other:				
	Other:				

Under penalty of perjury, and in accordance with the company's security policy, I have returned all company property issued to me to perform the duties of the position identified herein.

Employee Name (printed)	Employee Signature	Date