



OFF-BOARDING CHECKLIST

EXIT INFORMATION

Employee Name: _____

Position Name: _____ Position Number: _____

Work Phone: _____ Email: _____

Department: _____

Manager/Supervisor: _____

Work Phone: _____ Email: _____

Last Day of Work (in Current Position): _____ Type of Attrition: Retirement (Date: _____) Transfer Promotion Termination

If promoting/transferring Future Department: _____ Future Position: _____

Future Manager/Supervisor: _____ Mang/Sup Phone: _____

EMPLOYEE ACTIONS

DATE COMPLETED

<input type="checkbox"/> Notify Manager/Supervisor of intent to leave/change employment with at least two weeks' notice	
<input type="checkbox"/> Submit a Letter of Resignation (if separating employment from the County) to Manager/ Supervisor.	
<input type="checkbox"/> Return all County issued equipment on or before the last day of work/in position	
<input type="checkbox"/> Complete the Exit Survey/Questionnaire, prior to his/her last day of service (strongly encouraged).	
<input type="checkbox"/> Participate in an Exit Interview with the Human Resource Manager, or other party (optional).	
<input type="checkbox"/> Complete FORM 700 (Manager/Director employees only)	
<input type="checkbox"/> Contact Retirement	
<input type="checkbox"/> Contact Benefits	

SUPERVISOR / MANAGER ACTIONS

DATE COMPLETED

<input type="checkbox"/> Request a Letter of Resignation , submit to Personnel	
<input type="checkbox"/> Complete current position (vacancy) information (above)	
<input type="checkbox"/> Notify leadership of impending change and associated dates	
<input type="checkbox"/> Notify personnel of impending change and associated dates, with at least one week notice	
<input type="checkbox"/> Obtain list of equipment issued to the employee from Information Technology staff	
<input type="checkbox"/> Notify employee position related equipment must be returned on or prior to last day	



SUPERVISOR / MANAGER ACTIONS, CONT.		DATE COMPLETED
<input type="checkbox"/> Verify contact information in Workday is correct and applicable for future reference		
<input type="checkbox"/> Notify Information Systems Group to remove individual and access from:		
<input type="checkbox"/> Automated Time Keeping System(ATKS)		
<input type="checkbox"/> Cardkey	<input type="checkbox"/> Network Account/Access	
<input type="checkbox"/> Email System	<input type="checkbox"/> Telephone Directory	
<input type="checkbox"/> Network Account/Access	<input type="checkbox"/> Applicable software/applications	
<input type="checkbox"/> Develop a transition/ coverage plan		
<input type="checkbox"/> How will coverage be provided?	<input type="checkbox"/> How will work be delegated? And to who?	
<input type="checkbox"/> How will knowledge be transferred?	<input type="checkbox"/> Where will work status be captured?	
<input type="checkbox"/> Does a new requisition need to be created? (If so, contact Personnel/Human Resources)		
<input type="checkbox"/> Who and how will training for the replacement be provided?		
<input type="checkbox"/> Provide value added feedback and information on employee performance		
<input type="checkbox"/> Inform employee about Exit Survey		
<input type="checkbox"/> Inform employee about Retiree Skill Bank (if applicable)		
<input type="checkbox"/> Determine how best to say thank you for the employees service (celebration, coffee, lunch, etc.)		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:		

DEPARTMENT PERSONNEL STAFFACTIONS	
<input type="checkbox"/> Code employee timecard for exit	
<input type="checkbox"/> Update Personnel information in Human Resource Information System (bilingual pay, differentials, etc.)	
<input type="checkbox"/> Complete the Separation Report and send to County Human Resources Dept.	
<input type="checkbox"/> Process Personnel Action Form, sent to Department Head	
<input type="checkbox"/> File Letter of Resignation in the Personnel file	
<input type="checkbox"/> Process terminal pay (Payout) and mail to individual	
<input type="checkbox"/> Issue/send Exit Survey	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	

INFORMATION TECHNOLOGY ACTIONS	DATE RETURNED
<input type="checkbox"/> Provide the Manager/Supervisor with a list of equipment issued to the employee	
<input type="checkbox"/> Once equipment is received, verify the equipment is in working order	
<input type="checkbox"/> Terminate employee / employee access to buildings, systems, and applications (as requested by Mgr)	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	



EQUIPMENT CHECKLIST

Employee Name: _____

Position Name: _____ Position Number _____

Work Phone _____ Email _____

Department: _____ Manager/Supervisor _____

Name of Staff Receiving Equipment _____

Information Technology staff: Indicate the equipment issued to the employee above to performance his/her duties.
Manager/Supervisor/IT Staff: When the equipment is returned, enter the return date and the initials of the receiving party.

EQUIPMENT	MODEL NUMBER	DATE RETURNED	RECEIVED BY INITIALS
<input type="checkbox"/> Bluetooth			
<input type="checkbox"/> Building Key (if applicable)			
<input type="checkbox"/> Cell Phone/Smart Phone			
<input type="checkbox"/> Credit Card(s)			
<input type="checkbox"/> Digital or Polaroid/ Camera			
<input type="checkbox"/> Furniture Key/Office Key (if applicable)			
<input type="checkbox"/> ID Badge/Card Key			
<input type="checkbox"/> Laptop			
<input type="checkbox"/> Pager			
<input type="checkbox"/> Portable printer			
<input type="checkbox"/> Memory Stick/Flash Drive			
<input type="checkbox"/> Parking Pass			
<input type="checkbox"/> Mobile Device (Phone/PDA/Tablet)			
<input type="checkbox"/> Physical Keys (cabinets, equipment, desk, etc.)			
<input type="checkbox"/> Quick-pad			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Other:			

Under penalty of perjury, and in accordance with [Section VII the Information Technology Security Policy](#), I have returned all County Property issued to me to perform the duties of the position listed above. In addition, I understand that I am to comply with the Visitor Procedures on any future visits to the County owned properties.

Employee Name (Printed) _____ Employee Signature _____ Date _____