

Manager/Supervisor Separation Checklist

(Please keep in a separate departmental file for your records.)

Employee Name: _____

Title of Position Held: _____

Hire Date: _____ **Separation Date:** _____

Classification: Faculty Staff **Department:** _____

Voluntary/Involuntary Separation: _____

Eligible for rehire? Yes No **Reason:** _____

Written resignation received? Yes No

Exit Interview Date: _____ **Interviewer Name:** _____

Items to collect:	Returned	N/A
Secure ID	_____	_____
Keys/access card	_____	_____
University Equipment (computer, cell phone, radio, pager, etc.)	_____	_____
Parking Hang tag	_____	_____
Uniform	_____	_____
Other (please specify): _____	_____	_____

Other procedures to follow:	Completed	N/A
Notify employee they should make an appointment with personnel for general meeting and benefit counseling	_____	_____
Notify employee that personal property left behind will be disposed of.	_____	_____
Remove employee from the following:		
OFIS	_____	_____
Parking	_____	_____
Signature Authority	_____	_____
Building Access	_____	_____
E-mail account	_____	_____
Other (Specify): _____	_____	_____

Manager/Supervisor Signature

Date