

Human Resources

EXIT PROCEDURE CHECKLIST

INSTRUCTIONS FOR SUPERVISOR: Initiate this form normally one week before an employee's separation from a division, department, school site or from the District. Advise the separating employee of the clearance process. Complete this form and determine what other clearances are appropriate for the separating employee if not specifically identified on the form and add those requirements in the space marked "other." This form is to be reviewed with and signed by the employee and the employee's supervisor by the last date of employment. This form must be completed even if the employee is merely transferring to a new division, department or school site, and by all employees ending service with the district.

Employee Name: _____ Today's Date _____

Type of Separation: Resignation Transfer
 Retirement Other Last Day of Employment: _____

INSTRUCTIONS TO EMPLOYEE (TO AVOID DELAY): This form must be completed and submitted to Human Resources before your last day of employment with the District. Please list the items that must be returned below. It is your duty to insure that the items are returned to the district's possession. You may be charged for any lost items, and your final paycheck may be held pending return of the items.

INSTRUCTIONS FOR SUPERVISOR: Indicate the clearance of the chargeable items by initialing the appropriate line. In the space provided also state the reasons for an item not being returned, and the dollar value of the unreturned item. Sign your name where indicated using your full signature and the appropriate date.

Item Returned	Date Received/Initials	Value, if missing
Keys & FOB ID#s:		
Communication Systems (pagers, radios, etc) ID#s:		
Computer Equipment including software materials ID#s:		
Badge		
Department Equipment (Describe)		
Library Materials (Describe)		
Other Property, including documents (Describe)		
Uniforms (Quantity)		
Timesheets, Absence Reports, etc. signed and dated		

SUPERVISOR CLEARANCE: I certify that I have reviewed this form and it correctly states what has been returned to the District or, if not returned, the reason for the property to be missing from the District.

Signature:

Date:



RETURN TO BUSINESS SERVICES	Date Received/Initials	Value, if missing
District Credit Card#		

EMPLOYEE CERTIFICATION: I certify that, I except as otherwise provided, I have no District property, records or documents. I certify that I have reviewed this form and it correctly states what I have returned to the District or, if not returned, the true reason for not being able to return the property to the District.

It is my understanding regardless of whether I currently have direct deposit or not my pay warrant will need to be picked up from the Fiscal Services Department on my specified pay date. Also, if applicable, I understand that my Deferred Net Pay will be paid out on my last pay check.

Signature

Date

HUMAN RESOURCE CLEARANCE

Cleared

Not Cleared

Date:

Assistant Superintendent of Human Resources or Designee

