**Employee Information**

**Employee Name:**

**Separation Date:**

**Position:**

**Division/Department:**

**Director/Supervisor:**

**Checklist**

Instructions: When an employee transfers to another State agency or leaves State service, the agency must complete this checklist. Enter NA in the Date Completed column if the item does not apply.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Date Completed** | **Completed By** | **Remarks** |
| Remove from payroll |       |       |       |
| State Government ID |       |       |       |
| Building keys/access device |       |       |       |
| Cell phone |       |       |       |
| Computer - Laptop |       |       |       |
| Computer - Tablet |       |       |       |
| Computer/Network access |       |       |       |
| Department Credit /Purchase Card |       |       |       |
| Electronic/swipe keys/ access device |       |       |       |
| Employee time card |       |       |       |
| Field Equipment/supplies(please specify for example, surveying gear, tools, etc.)1.      2.      3.      4.      5.       |       |       |       |
| Firearms |       |       |       |
| Gasoline Card |       |       |       |
| Lab Equipment |       |       |       |
| Library Card |       |       |       |
| Medical Equipment |       |       |       |
| Pager |       |       |       |
| Parking Permit / Agreement Cancelled |       |       |       |
| Photo Equipment |       |       |       |
| **Item** | **Date Completed** | **Completed By** | **Remarks** |
| Protective Gear (please specify for example, goggles, gloves, etc.)1.      2.      3.      4.      5.       |       |       |       |
| Recording Equipment |       |       |       |
| Supply Room Keys /Access Device |       |       |       |
| Travel Vouchers |       |       |       |
| Tools |       |       |       |
| Uniforms |       |       |       |
| Updated Contact Information |       |       |       |
| Vehicle Keys |       |       |       |
|  |  |  |  |
| **OTHER:** **(Please specify on lines below)** |  |  |  |
|       |       |       |       |
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 I certify that the employee separation checklist for the above employee has been completed.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Agency Representative/Title Date**