Employee Separation Checklist

**Name:**

**Job Title:**

**Department:**

**Date of Separation:**

*Departing employees have an obligation to complete this checklist prior to their separation date. This form is to be checked by the appropriate supervisor and signed off on by the supervisor and employee.*

Obtain letter of resignation

ID card returned

Keys returned

Parking permit returned

Company credit cards returned

Company vehicle and keys returned

All company electronics returned (i.e., phone/laptop etc)

Uniforms cleaned and returned

Desk has been cleaned and cleared Personal items removed from office

Exit interview has been completed

Forwarding address has been left with Human Resources  
Employee has been paid all outstanding wages and holidays

**Employee Signature: Date Signed:**

**Employer Signature: Date Signed:**