

<b>CHAPTER: SECTION:</b>	<b>3 - CHANGES IN EMPLOYMENT &amp; SEPARATION FROM SERVICE</b>	<b>ADOPTED: 11/21/06</b>
	<b>9 – SEPARATION FROM SERVICE</b>	<b>REVISED: 2/4/15</b>

**EXHIBIT F – EMPLOYEE TERMINATION CHECK LIST**

• **Department**

Employee Name	
Termination Date	Position
Department	Department Head

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> County ID                 | <input type="checkbox"/> Tools/Equip  | <input type="checkbox"/> Beeper          | <input type="checkbox"/> Keys         |
| <input type="checkbox"/> Cell Phone                | <input type="checkbox"/> Leave Time   | <input type="checkbox"/> Uniform         | <input type="checkbox"/> Sick Buyback |
| <input type="checkbox"/> Gas Pump Privileges       | <input type="checkbox"/> Where applicable, coordinate deactivation of Palm Security |  |                                       |
| <input type="checkbox"/> Checklist to IT           | <input type="checkbox"/> Checklist to ER (only if applicable)                       | <input type="checkbox"/> Checklist to HR |                                       |
| <br><input type="checkbox"/> Exit Interview Set-Up |   |  |                                       |

Completed by:	Date:
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• **Human Resources**

Employee Name	Department
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Department  
Checklist

IT Checklist

ER Checklist  
(if applicable)

Exit Interview

Workers'  
Compensation  
Clearance

Completed by:	Date:
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- **Information and Technology**

<i>This section to be completed by department.</i>	
Employee Name	
Termination Date	Department

<i>This section to be completed by IT.</i>
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- |                                  |                                   |                                   |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Edmunds | <input type="checkbox"/> Internet | <input type="checkbox"/> Hardware |
| <input type="checkbox"/> E-Mail  | <input type="checkbox"/> Network  | <input type="checkbox"/> Software |

Completed by:	Date:
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- **Emergency Response**

<i>This section to be completed by department and sent only if applicable.</i>	
Employee Name	
Termination Date	Department

<i>This section to be completed by ER.</i>
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NCIC

Other

Completed by:	Date:
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