

EMPLOYEE NAME:	JOB TITLE:		
	REASON FOR LEAVING:		
The following items were	discussed with employee: (Please circle)		
Notice of Change of Status completed and sent to Office			n/a
Manager / Human Resour	ces Representative		
Employee Information Release		yes	n/a
Accrued PTO / Vacation Due		yes	n/a
Outstanding Expense Reports/Advances		yes	n/a
Final Paycheck Acknowledgement		yes	n/a
Health Insurance Continuation (e.g. COBRA)		yes	n/a
Health Insurance Conversion		yes	n/a
Life Insurance Conversion		yes	n/a
Retirement Payout options		yes	n/a
Rights to Unemployment Insurance		yes	n/a
Computer / Network Access Disabled		yes	n/a
Phone Calls Forwarded		yes	n/a
Voicemail Access Disabled		yes	n/a
The employee returned th	ne following items: (Please circle)		
Door key(s) specify:		yes	n/a
Drawer / cabinet / locker key(s)		yes	n/a
Company credit cards		yes	n/a
Name Badge		yes	n/a
Access Cards		yes	n/a
Cell phone		yes	n/a
Laptop		yes	n/a
Office Furniture		yes	n/a
Company records, manuals		yes	n/a
Other		yes	n/a
Other		yes	n/a
Other		yes	n/a

If any item not accounted for, please explain:

This list is a correct record of the items we discussed and of the items that were returned.

\_\_\_\_\_ Date: \_\_\_\_\_

[Departing Employee]

Date: \_\_\_\_\_

[Office Manager / Human Resources Representative]

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