



SEPARATION CHECKLIST

Employee Name	UD ID
Department	Supervisor

AUTHORIZED DEPARTMENT REPRESENTATIVE:

Check that the following have been collected from the employee (if applicable).

Collect from Employee:

Items	Collected/Not Applicable	Date
UD Cards		
UD Credit Card	<input type="radio"/> Collected <input type="radio"/> N/A	
UD ONEcard (UD ID card)	<input type="radio"/> Collected <input type="radio"/> N/A	
Other (list)	<input type="radio"/> Collected <input type="radio"/> N/A	
Equipment & Other Items		
Computer	<input type="radio"/> Collected <input type="radio"/> N/A	
Laptop/iPad	<input type="radio"/> Collected <input type="radio"/> N/A	
Cellular phone	<input type="radio"/> Collected <input type="radio"/> N/A	
Vehicle	<input type="radio"/> Collected <input type="radio"/> N/A	
Research/Laboratory Equipment	<input type="radio"/> Collected <input type="radio"/> N/A	
Uniforms	<input type="radio"/> Collected <input type="radio"/> N/A	
Tools	<input type="radio"/> Collected <input type="radio"/> N/A	
Keys/Key Card(s)	<input type="radio"/> Collected <input type="radio"/> N/A	
Other (list)	<input type="radio"/> Collected <input type="radio"/> N/A	

Inform Employee:

Items	Informed/Not Applicable	Date
Complete Exit Interview Survey	<input type="radio"/> Informed <input type="radio"/> N/A	
Change of Address: use HR Employee Demographic Data Form	<input type="radio"/> Informed <input type="radio"/> N/A	
Other (list)	<input type="radio"/> Informed <input type="radio"/> N/A	

Department Use Only:

Items	Completed/Not Applicable	Date
Resignation letter	<input type="radio"/> Completed <input type="radio"/> N/A	
Reviewing/settling vacation time	<input type="radio"/> Completed <input type="radio"/> N/A	
JED completed and sent to HR	<input type="radio"/> Completed <input type="radio"/> N/A	
Disconnect phone	<input type="radio"/> Completed <input type="radio"/> N/A	
Departmental IT access removed	<input type="radio"/> Completed <input type="radio"/> N/A	
Other (list)	<input type="radio"/> Completed <input type="radio"/> N/A	

Upon completion, place this form in employee's personnel file.

AUTHORIZED DEPARTMENT REPRESENTATIVE

My signature certifies that all separation requirements for the individual have been satisfied.

Signature (Department Representative)	Print Name	Date