



SEPARATION CHECKLIST FOR SUPERVISORS

NAME: _____
SID# or SS#: _____ DEPARTMENT: _____
LAST DAY OF WORK: _____ PHONE: _____
FORWARDING ADDRESS: (To issue W2 and HC Correspondence)

By signing below Employee acknowledges and understands that all HC Property must be returned and all debts paid by my last working day at HC. Further HC has the legal obligation and right to collect any outstanding balances through payroll deduction of my final check(s).

SIGNATURE (Employee) DATE

SUPERVISOR/MANAGER INFORMATION: Provide Notification to following departments if applicable otherwise indicate N/A for not applicable.

Information Technology Services:

- ___ Hardware and Software
___ Authentication Account Disabled as of _____

Network Services:

- ___ Scan Card Returned / Destroyed
___ Scan # Deactivated & Audix Account Disabled

Security:

- ___ Parking Permit Returned / Destroyed
___ Employee ID Card Returned / Destroyed
___ Keys Returned
___ Confirm NO outstanding Parking Fines

Financial Services:

- ___ Procurement Card Returned
___ Travel Card Returned
___ Confirm NO outstanding Fines or Debts

By signing Supervisor/Manager acknowledges informing employee regarding the Separation Process & obtained all HC Property assigned to employee. Further that notification was given to the above departments regarding employee's last day. This form shall be returned to the HR Office prior to employee's last day to ensure proper issuance of final check.

SIGNATURE (Supervisor/Manager) DATE _____