

EMPLOYEE EXIT CHECKLIST FORM INSTRUCTIONS

I. PURPOSE / DESCRIPTION

An Employee Exit Checklist Form is required for every separating employee to ensure the return of all District-owned items such as credit cards, keys, records, and equipment; access to District systems has been canceled and that all travel and salary advances have been cleared prior to the issuance of final separation pay. Departments may be responsible for costs associated with the failure to secure district property and resources upon separation of an employee.

Faculty and staff who are separating from employment for any reason must complete the separation /clearance process by the last day of employment. Associate faculty, professional experts, seasonal, and substitute employees, whose appointments are continued from semester to semester do not normally go through clearance procedures until final separation from the district.

Employees who resign or retire will be provided their final separation payment on the next scheduled payroll cycle.

II. PROCESS

A. EMPLOYEE RESPONSIBILITY – The employee will:

1. Provide written notification of his/her intent to resign or retire from the district to their immediate supervisor. Two weeks' notice of resignation is considered appropriate whenever possible.
2. Submit attendance forms for manager approval. Important: Final separation payment will not be calculated until absences are entered.
3. Complete the Employee Exit Checklist Form by the last day of employment with the District.
4. Please take the time to complete the Employee Exit Survey [here](#).

B. DEPARTMENT RESPONSIBILITY – The appropriate administrator will:

1. Contact the employee's HR Specialist as soon as an employee has provided notice of his/her intent to resign/retire.
2. Submit the resignation/retirement letter to the HR Specialist as soon as the employee has provided notice of his/her intent to resign/retire.
3. Approve the separating employee's time and attendance.



EMPLOYEE EXIT CHECKLIST

An Employee Clearance form is required for every separating employee to ensure the return of all District owned items such as credit cards, keys, District records, and equipment; that access to District systems has been canceled and that all salary advances have been re-paid.

Employee Data.

Today's Date: _____

Employee Name: _____ Employee ID: _____

Title: _____ Last day of Employment: _____

Department: _____ Location: _____ Supervisor: _____

Employee Class: Faculty Administrative Classified

Type of Separation.

Type of Separation: Resignation Retirement Other _____

Reason for Leaving: New job opportunity Continuing education Relocation

Personal reasons Dissatisfaction w/ District Enjoy my retirement!

District Clearance. Employees must contact District offices to obtain appropriate signature.

District Police: (WV) Across from P.E./Pool 741.2092	<input type="checkbox"/> Parking Permit <input type="checkbox"/> Assigned keys returned <input type="checkbox"/> Employee ID Card	Print Name: _____ Signature: _____	Date: _____
Information Systems: (WV) Behind Pool 741.2086	<input type="checkbox"/> Systems access deleted <input type="checkbox"/> Computer returned <input type="checkbox"/> District cell phone returned	Print Name: _____ Signature: _____	Date: _____
District Finance: (WV) Admin. Bldg. 741.2085	<input type="checkbox"/> Credit cards returned	Print Name: _____ Signature: _____	Date: _____
HR/Benefits (WV) Admin. Bldg. 741.2168	<input type="checkbox"/> Benefits termination & continuation	Print Name: _____ Signature: _____	Date: _____
Chancellor's Office: (WV) Admin. Bldg. 741.2011	<input type="checkbox"/> Conflict of interest clearance	Print Name: _____ Signature: _____	Date: _____

Department Clearance. Departments are responsible for costs associated with the failure to secure College property and resources upon separation of an employee.

- All approved absences submitted to Human Resources.
- Department property returned (computers, cell phones, pagers, etc.)

Email/voicemail cleared

Supervisor Name: _____ Title: _____

Signature: _____ Date: _____

Forwarding Address. Please provide the forwarding address below so that our records can be updated, if applicable.

Effective Date: _____

Employee Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Employee Signature.

I acknowledge my obligation to maintain confidentiality of West Valley-Mission Community College District data.

Employee Signature: _____ Date: _____