



## Staff Exit Form & Checklist

**It is the responsibility of the supervisor to ensure that the separation steps outlined below are reviewed and taken when an employee is leaving EBAYC. Sign and date the form to confirm your review of the checklist with the employee.**

\_\_\_\_\_  
*Termination Date*

\_\_\_\_\_  
*Last Date of Work*

\_\_\_\_\_  
*Employee Name*

\_\_\_\_\_  
*Job Title*

\_\_\_\_\_  
*Supervisor Name*

\_\_\_\_\_  
*Program Site*

### Reason For Leaving

*Employee Classification (Please Check One):*

- Voluntary*
- Involuntary*
- Contract Ended*
- Other:* \_\_\_\_\_

*Reason for Termination (Please Check One):*

- Abandoned Job*
- Advancement*
- Attendance*
- Compensation*
- Layoff*
- Misconduct*
- Mutual Agreement*
- No-Show*
- Performance*
- Personal*
- Reorganization*
- Working Conditions*

### Forms/Information

Date(s) Completed  
mm/dd/yyyy

Resignation Notice: \_\_\_\_\_

Timesheets: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Date*

**\* Please submit this form along with the employee's last timesheet and/or resignation letter to the Fiscal Department for further processing.**

**Payroll ID#:** \_\_\_\_\_

**Last Payroll Date:** \_\_\_\_\_

**Health/Dental Coverage**

DOES NOT APPLY (PART-TIME EMPLOYEE)

**Health Plan Insurance**

**Dental Plan Insurance**

- To continue to group coverage. (Applies to COBRA)
- To convert to individual plan.
- To discontinue all health plan coverage.

- To continue to group coverage.
- To convert to individual plan.
- To discontinue all dental plan coverage.

Date(s) Completed  
mm/dd/yyyy

Accrued Vacation: \_\_\_\_\_

\_\_\_\_\_ Computer Password

Outstanding Reimbursement/Expenses: \_\_\_\_\_

Cancellation of Health and Dental: \_\_\_\_\_

\_\_\_\_\_ Email Password

COBRA Notice: \_\_\_\_\_

Agency Owned Equipment: \_\_\_\_\_

\_\_\_\_\_ Phone/Voicemail Password

Building, Office, and Desk/File Keys: \_\_\_\_\_

Credit Card: \_\_\_\_\_

Outstanding Program Report (if any): \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

\_\_\_\_\_

Employee Signature

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

\_\_\_\_\_

Administrative Services Director

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

Date(s) Completed

- Terminate Staff's Email Account \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Terminate Staff in PayXpert \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Terminate Staff in Database \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Remove Staff from Website \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_