



citycounty insurance services
www.cisoregon.org

Separation Checklist

Name: _____ Title: _____

Dept: _____ Supervisor: _____

Address: _____

Phone (Home): _____ (Cell): _____

Voluntary (resign/retire) _____ Involuntary (term/lay-off) _____

Employee Review

_____ Last Day Worked
_____ Final Paycheck
_____ Benefits Info Summary
_____ Exit Interview
_____ Rehire eligible
_____ Reference checks
_____ Recall process if Layoff

Collect

_____ All Keys
_____ Cell Phone/Pager
_____ Credit Card/Fuel Card
_____ ID Card/Parking Permit
_____ Computer/loaned equipment
_____ Vehicle
_____ Specialized equipment/clothing

Give to Employee

_____ Copy of Benefits Booklets
_____ Benefits Continuation Info
_____ Dept. contact Info
_____ HR contact Info

Cancel

_____ Building Access Codes/Dept. Passwords
_____ Computer/email/data systems access
_____ Cell Phone Agreement
_____ Remove from email/phone list/web page

Involuntary Separation

_____ WorkSource Oregon Information
_____ Oregon Unemployment Information Packet
_____ Recall/Rehire rights and process
_____ Online job sources (NEOGOV, Craigslist, Monster, city/state, etc.)

Notes: _____

