

Employee Separation Checklist Completed by Supervisor

| mployee Name | Location | / Program | Term Date |
|--|---|---|---|
| upervisor Name Ro | | eason for leaving: | |
| If voluntarily released from service | | | |
| ☐ Resignation/Retirement letter submitted | to Supervisor with a | appropriate notice | |
| If involuntarily released from service □ Documentation of reason for release (i.e. in Documentation of performance issues an in Security Notified for exit meeting, as appropriate the security Notified for exit meeting, as appropriate the security Notified for exit meeting. | d disciplinary action | | to loss of Funding, etc.) |
| Prior to last day of employment | | | |
| Office Administrator | Ac | ccounting/Finance | |
| □ Schedule exit interview (If Voluntary) □ Enter Termination Date in Crescent Payroll/ BenefitsConnect System (benefits effective through end of the month of separation) □ Final Expense Reports Submitted. | | 12 Mo. Continuation I enefits Connect / Gallag Final paycheck is being Check final balances o | ther billing office g prepared |
| | | Pay out unused accrued <i>vacation</i> leave balance \square NOTE: SICK time balances are <i>not</i> paid out \square | |
| | | nal Expense Reports pa | id |
| On last day of employment Provide Blank Health Continuation form | n/ | Collect security card/n | ame tag/keys |
| explain original will arrive via US Mail to home address Last paycheck - required by Louisiana Law to be paid within 15 days of separation or at next regular payroll, whichever is sooner! please check one: Provided at exit interview OR | | Collect or verify computing collect or verify computing collect arch Collect phone card / □ [Complete 'Receipt of Produce email closed/forw Exit Interview Discussi | iter system(s) idiocesan cell phone Collect credit card inperty' form] warded |
| ☐ Mailed after termination date ☐ Provide 401 (k) Contact Info Employee record must be 'termed' in Crescent Payroll cannot access funds until 2 - 4 weeks ☐ Address Changes Verified | | Departure is communic Eligible for rehire? Terminate status in the | cated to staff Yes □ No |
| After last day of employment | | | |
| ☐ Check for any additional amounts owed ☐ Mail final pay stub to former employee if ☐ Employee submits request for Contin ☐ Benefits cancellation notices auto-fee ☐ Health continuation for up to 12 mo | f necessary. nuation of Health cov d to carriers to stop co nths; discontinues at | erage to Gallagher Billing verage for Dental, Vision, o | and or Health |
| Employee: Off | ice: | | ate: |
| Supervisor/Site Administrator: | | | ate: |
| Office of Human Resources | H R Ched | cklists | Revised 3/2 |