It is the responsibility of the supervisor to ensure that the separation steps outlined below are reviewed and taken when an employee is leaving or transferring to another agency. This form should be completed by the supervisor and employee. Sign and date the form to confirm your review of the checklist with the employee.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personnel ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Day of Work (in paid status): \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Voluntary Separation**

 [ ]  Ask the employee for a letter of resignation.

 [ ]  Ask the employee to complete the Employee Exit Survey.

**Involuntary Separation – CONTACT DES Primary Consultant IN ADVANCE**

 [ ]  Confirm last day of employment (in paid status).

 [ ] Determine the appropriate process for removal of the employee’s contents from office or workspace and secure computer networks and files.

**Before Employee’s Last Day – Complete these forms or initiate these processes.**

 [ ]  Work with your HR Liaison to complete the PEBB worksheet if you had PEBB benefits.

 [ ]  PPDS/Include the Exit Checklist and send to SAA@DES.wa.gov

 [ ]  Final Time Sheet (if applicable) [ ] Update current address for Payroll W-2

 [ ]  Outstanding travel vouchers [ ]  Fiscal reimbursements

 [ ]  Last pay date: \_\_\_\_\_\_\_\_\_\_ [ ]  Direct Deposit (check one): [ ]  Yes [ ]  No

**Retrieve, cancel, or secure the following items:**

[ ]  Staff Identification Card [ ]  Office and/or desk keys [ ]  Pager, Laptop and/or cell phone [ ]  Parking hang tag [ ]  Telephone calling card [ ]  Purchasing Card and/or Credit Cards [ ] Department network/e-mail account & Electronic files [ ]  Voice mail password [ ]  Other Agency property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**NOTE:** Place a signed copy in the employee’s personnel file.