

County of Gloucester
Human Resources Manual

CHAPTER: SECTION:	3 - CHANGES IN EMPLOYMENT & SEPARATION FROM SERVICE	ADOPTED: 11/21/06
	9 – SEPARATION FROM SERVICE	REVISED: 5/22/24

EXHIBIT D – EMPLOYEE TERMINATION CHECK LIST

• **Department**

<i>This section to be completed by the Department.</i>	
Employee Name	
Termination Date	Position
Department	Department Head

- | | | | |
|--|---|----------------------------------|---------------------------------------|
| <input type="checkbox"/> County ID | <input type="checkbox"/> Tools/Equip | <input type="checkbox"/> Beeper | <input type="checkbox"/> Keys |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Leave Time | <input type="checkbox"/> Uniform | <input type="checkbox"/> Sick Buyback |
| <input type="checkbox"/> Gas Pump
Privileges | <input type="checkbox"/> Where applicable,
coordinate deactivation
of Palm Security | | |
| <input type="checkbox"/> Checklist to IT | <input type="checkbox"/> Checklist to HR | | |
|
<input type="checkbox"/> Exit Interview Set-Up | | | |

Completed by:	Date:
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• **Human Resources**

This section to be completed by Human Resources.

Employee Name

Termination Date

Position

Department

Department Head

☐ Department
Checklist

☐ IT Checklist

☐ Exit Interview

☐ Workers'
Compensation
Clearance

Completed by:

Date:

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• **Information and Technology**

This section to be completed by IT.

Employee Name

Termination Date

Department

☐
☐

Edmunds
E-Mail

☐
☐

Internet
Network

☐
☐

Hardware
Software

☐

Deactivate ID Card

Completed by:

Date: