

EMPLOYEE EXIT CHECKLIST

Employee Name: _____ Last Day Worked: ____/____/____
 Employee Title: _____ Manager/Supervisor: _____

Reason for leaving: Quit Terminated Seasonal Other: _____

____ Key Fob Credentials – Manager/Supervisor must notify Facilities Manager (Wes Colborn)

____ Keys to building and equipment: Laptop, camera, ipad, credit card, cell phone

____ New address / phone number: _____/_____

____ Voicemail password / computer password: _____/_____

Employee Signature (not required) *Date*

Would you hire again? Yes No Comments: _____

Manager/Supervisor Signature *Date*

Payroll Department Use:

____ Cobra: Health Accept/Decline Cobra letter – 18 months if retire/terminate & 36 months divorce

____ Terminate on BCBS portal (1st of the month) and on BCBS worksheet

____ Cobra: Dental Accept/Decline; Vision Accept/Decline. – 18 mos if retire/terminate & 36 mos divorce

____ Terminate Discovery portal Flex - medical, dep. care – contact Discovery benefits for details 1-866-451-3399

____ Flex Other: life, accident, cancer – to continue on your own contact Azurance 1-701-795-5356

____ Terminate on Madison Disability/Life Worksheet - Website www.NIS.com

____ Conversion of Life Insurance: – pay out of pocket www.nisbenefits.com

____ Pension Paperwork: Old / New – terminate NDPERS. www.ndpers.nd.gov. Contact for options 1-800-803-7377

____ Deferred comp – Contact Nationwide for options 1-877-677-3678

____ Vacation payout amount: ____ Sick payout amount: ____ Comp payout: ____ Same pay date as last paycheck.

____ Take off Vacation/Pension worksheet

____ Name on Plaque/Org chart/approved salary/job description/years of service/delete NRPA membership/
 delete membership NDRPA (Shannon at ndrpaoffice@gmail.com)

____ Greenshades: deactivate as Manager in GP

____ Notify Jenelle: email & active directory/ Hannah: mileage & phone / Christine & Dan: membership /
 Lauren: media / Ross: phone list & all employee email

Employees receiving Park District pension: CHF/KW/Linc membership