EMPLOYEE EXIT CHECKLIST



Employee Name:	Last Day Worked:/
Employee Title:	Manager/Supervisor:
Reason for leaving: Quit Terminated	Seasonal Other:
Key Fob Credentials – Manager/Superv	visor must notify Facilities Manager (Wes Colborn)
Keys to building and equipment: Lapto	p, camera, ipad, credit card, cell phone
New address / phone number:	
Voicemail password / computer password	ord:/
Employee Signature (not required)	/
Would you hire again? Yes No Co	omments:
Manager/Supervisor Signature	
Payroll Department Use:	
Cobra: Health Accept/Decline Cobra le	etter – 18 months if retire/terminate & 36 months divorce
Terminate on BCBS portal (1st of the m	ionth) and on BCBS worksheet
Cobra: Dental Accept/Decline; Visi	ion Accept/Decline. – 18 mos if retire/terminate & 36 mos divorce
Terminate Discovery portal Flex - med	ical, dep. care – contact Discovery benefits for details 1-866-451-3399
Flex Other: life, accident, cancer - to con	ntinue 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.nisbenefitscom
Pension Paperwork: Old / New - termina	te NDPERS. www.ndpers.nd.gov. Contact for options 1-800-803-7377
Deferred comp — Contact Nationwide for optic	ons 1-877-677-3678
Vacation payout amount: Sick payo	out amount: Comp payout:Same pay date as last paycheck.
Take off Vacation/Pension worksheet	
Name on Plaque/Org chart/approved sa	alary/job description/years of service/delete NRPA membership
delete membership NDRPA (Shannon	at ndrpaoffice@gmail.com)
Greenshades: deactivate as Manager in	n GP
Notify Jenelle: email & active directory/An Megan/Lauren: media / Ross: phone list &	nnette: mileage & phone / Christine & Dan: membership / & all employee email