

EMPLOYEE EXIT CHECKLIST

Employee Name: _____ Last Day Worked: ____ / ____ / ____

Employee Title: _____ Manager/Supervisor: _____

Reason for leaving: Quit Terminated Seasonal Other: _____

_____ 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. Terminate Dental portal. – 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.nisbenefitscom

_____ 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/delete NRPA membership/

delete membership NDRPA (Shannon at ndrpaoffice@gmail.com)

_____ Sierra: deactivate as supervisor/ update Supervisor list

_____ Notify Jenelle: email & active directory/Annette: mileage & phone / Christine & Dan: membership /

Catie: media / Ross: phone list & all employee email

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