



Separation Checklist

Employee Name: _____ Employee Number: _____

Employee Title: _____ Department: _____

Supervisor: _____ Last Day worked: _____

Separation Date: _____ Suspension Date if applicable: _____

The following checklist is required for all separations of employment. For suspension or involuntary separations, review page two (2) prior to separation, and prior to completing this checklist.

SECTION 1 (This section is to be completed for employees only)

- Employee to complete Resignation Form (Voluntary separations only)
- Department head responsible for forwarding Resignation Form to *HR.Update* (Voluntary separations only)
- Complete this Employee Separation Checklist Form and send via email to *HR.Update*, along with the change of status
- Complete Change of Status Form (COS) and email to: *HR.Update*
- Send a notification to remove access on last day worked via email to *Remove_Access* and follow the steps below.
 - Do NOT attach the Change of Status (COS) form to the *Remove_Access* email distribution group.

SECTION 2 (This section is to be completed for employees and non-employees)

- Request removal of access to all systems: Call IS Help Desk at 750-5234
- Request removal of access to buildings: Call Security at 759-7320 (RMC and NMC) and 932-1245 (FMC)
- Department head responsible for confirming that all access is disabled to any systems with username and/or password, including but not limited to:
 - Meditech, Outlook, etc.
 - Accudose, etc.
 - Web-based applications, etc.
 - Phone line, voicemail, etc.
- Collect all DCH property
 - Employee ID badge
 - Office and desk keys
 - Electronic devices (pager, cell, computer)
 - Dosimeters, trackers, etc.
 - Parking decal
 - Books, materials, etc.
- Send Employee ID badge to Human Resources
- Employee removes all personal property, or if involuntary separation or suspension, manager collects all personal property for return as appropriate.
- For reference checks, HR will only release dates of employment and position, with the exception of unemployment claims
- Review of Confidentiality Agreement signed by employee
- Verify correct address for W-2 mailing
- Discuss retirement eligibility, if applicable

ACKNOWLEDGEMENT

I, _____, certify that I have ensured that all systems have been deactivated prior to (Department Head) suspension and/or involuntary termination. Further, I have verified that all DCH property has been retrieved.

Department Head Signature

Date

Human Resources Signature

Date

Suspension or Involuntary Separation decision:

Depending upon the situation it may not be possible for Human Resources to be involved prior to the decision to place an employee on suspension. If suspension occurs prior to Human Resources involvement, it is important to review the employee suspension with Human Resources as soon as possible the next business day. Human Resources must be involved in the decision making processes for involuntary separations, as well as being present via in person or phone/video for involuntary separations meetings with employees.

During Notification of Suspension or Involuntary Separation

| Suspension | Involuntary Separation |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Manager reviews summary of concerns, reasons for suspension and provides instructions on next steps <input type="checkbox"/> Payment during suspension (manager contact HR for pay coding) <input type="checkbox"/> Review of Confidentiality Agreement signed by employee | <ul style="list-style-type: none"> <input type="checkbox"/> Manager reviews summary of findings, related policies and reasons for involuntary termination <ul style="list-style-type: none"> • Advise if findings are board-reportable and provide three business days to self-report <input type="checkbox"/> Benefit coverage will continue through end of the month <input type="checkbox"/> Remaining CTO (RMC/NMC) or PTO (FMC) will be withheld per Policy, unless involuntary retirement |

After Suspension or Involuntary Termination

Manager completes this Employee Separation Checklist on page 1

| Suspension | Involuntary Termination |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Step 1: Notify Human Resources <input type="checkbox"/> Step 2: Conduct risk assessment, if any DCH property not returned <input type="checkbox"/> Step 3: Return any remaining property that employee needs during the suspension <ul style="list-style-type: none"> ○ Have employee sign an inventory list for any personal items that are delivered after the suspension <input type="checkbox"/> Step 4: Contact payroll, if there are concerns with next check <input type="checkbox"/> Step 5: Reactivate access to systems and building, if employee returns to work <ul style="list-style-type: none"> ○ Process Security Reactivation Request ○ Contact Security at <u>759-7320 (RMC)</u>, <u>333-4377(NMC)</u> and <u>932-1245 (FMC)</u> ○ Email request to RESTORE_ACCESS to make request in writing. Include employee name and employee number | <ul style="list-style-type: none"> <input type="checkbox"/> Step 1: Conduct risk assessment, if any DCH property not returned <input type="checkbox"/> Step 2: Complete this separation checklist on page 1 <input type="checkbox"/> Step 3: Regarding returning any remaining property owned by employee <ul style="list-style-type: none"> ○ Have employee sign an inventory list for any personal items that are delivered after the involuntary termination <input type="checkbox"/> Step 4: Contact payroll, if there are concerns with final check <input type="checkbox"/> Step 5: Send report to regulatory board, if findings are board-reportable |