

## OFFBOARDING CHECKLIST

<b>Employee Name</b>	<b>UD ID</b>
<b>Department</b>	<b>Supervisor</b>

**AUTHORIZED DEPARTMENT REPRESENTATIVE:**

**Check that the following have been collected from the employee (if applicable).**

**Collect from Employee:**

Items	Collected/Not Applicable	Date
<b>UD Cards</b>		
UD Credit Card	<input type="radio"/> Collected <input type="radio"/> N/A	
UD ONEcard (UD ID card)	<input type="radio"/> Collected <input type="radio"/> N/A	
Other (list)	<input type="radio"/> Collected <input type="radio"/> N/A	
<b>Equipment &amp; Other Items</b>		
Computer	<input type="radio"/> Collected <input type="radio"/> N/A	
Laptop/iPad	<input type="radio"/> Collected <input type="radio"/> N/A	
Cellular phone	<input type="radio"/> Collected <input type="radio"/> N/A	
Vehicle	<input type="radio"/> Collected <input type="radio"/> N/A	
Research/Laboratory Equipment	<input type="radio"/> Collected <input type="radio"/> N/A	
Uniforms	<input type="radio"/> Collected <input type="radio"/> N/A	
Tools	<input type="radio"/> Collected <input type="radio"/> N/A	
Keys/Key Card(s)	<input type="radio"/> Collected <input type="radio"/> N/A	
Other (list)	<input type="radio"/> Collected <input type="radio"/> N/A	

**Inform Employee:**

Items	Informed/Not Applicable	Date
Complete Exit Interview Survey	<input type="radio"/> Informed <input type="radio"/> N/A	
Change of Address: use HR Employee Demographic Data Form	<input type="radio"/> Informed <input type="radio"/> N/A	
Other (list)	<input type="radio"/> Informed <input type="radio"/> N/A	

**Department Use Only:**

Items	Completed/Not Applicable	Date
Resignation letter	<input type="radio"/> Completed <input type="radio"/> N/A	
Reviewing/settling vacation time	<input type="radio"/> Completed <input type="radio"/> N/A	
JED completed and sent to HR	<input type="radio"/> Completed <input type="radio"/> N/A	
Disconnect phone	<input type="radio"/> Completed <input type="radio"/> N/A	
Departmental IT access removed	<input type="radio"/> Completed <input type="radio"/> N/A	
Other (list)	<input type="radio"/> Completed <input type="radio"/> N/A	

Upon completion, place this form in employee's personnel file.

**AUTHORIZED DEPARTMENT REPRESENTATIVE**

**My signature certifies that all separation requirements for the individual have been satisfied.**

Signature (Department Representative)	Print Name	Date