



**SUPERVISOR'S CHECKLIST FOR SEPARATING A SPA EMPLOYEE**

The purpose of this checklist is to assist UNCG supervisors and departments with the process when an employee leaves the university.

Please have employee contact the Benefits Office at 4-5009 or visit this website concerning their benefits:  
[http://web.uncg.edu/hrs/Benefits/Continuation\\_Benefits/](http://web.uncg.edu/hrs/Benefits/Continuation_Benefits/)

**NOTE:** It is required that employees work their last day of employment (except for retirement).

**Employee Information**

Employee's Name: _____	ID Number: _____
Department: _____	Position Title: _____
Last Day of Work: _____	Separation Reason: _____

Yes	No	Access Information	Yes	No	Office Access
<input type="checkbox"/>	<input type="checkbox"/>	Complete a termination EPAF and submit appropriate documentation (e.g., resignation letter, final (3) timesheets) to Human Resource Services as soon as possible after receiving notification of the employee's separation.	<input type="checkbox"/>	<input type="checkbox"/>	Remove employee's name from: <input type="checkbox"/> email group lists <input type="checkbox"/> distribution lists <input type="checkbox"/> internal/office phone list <input type="checkbox"/> website <input type="checkbox"/> building directory
<input type="checkbox"/>	<input type="checkbox"/>	Final PMP signed by supervisor and employee. Submit to Human Resource Services.	<input type="checkbox"/>	<input type="checkbox"/>	Change voicemail
<input type="checkbox"/>	<input type="checkbox"/>	Complete an Expire and Delete Account Request form ( <a href="http://its.uncg.edu/Accounts/Expire/">http://its.uncg.edu/Accounts/Expire/</a> ) to close all computer access (Novell, email, Banner, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Other, please specify _____ _____ _____

Yes	No	Collect the Following Items by Last Day of Work	Yes	No	Collect the Following Items by Last Day of Work (continue)
<input type="checkbox"/>	<input type="checkbox"/>	Keys ( __office, __building, __desk, __file cabinets, __other_____ )	<input type="checkbox"/>	<input type="checkbox"/>	Uniforms
<input type="checkbox"/>	<input type="checkbox"/>	Business Cards	<input type="checkbox"/>	<input type="checkbox"/>	Instructions/Laboratory Equipment
<input type="checkbox"/>	<input type="checkbox"/>	ID	<input type="checkbox"/>	<input type="checkbox"/>	Tools
<input type="checkbox"/>	<input type="checkbox"/>	P-Card and signed P-Card transaction report	<input type="checkbox"/>	<input type="checkbox"/>	Media Equipment/Video/Software/etc.
<input type="checkbox"/>	<input type="checkbox"/>	American Express Card	<input type="checkbox"/>	<input type="checkbox"/>	Office Supplies or Equipment
<input type="checkbox"/>	<input type="checkbox"/>	Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	Requisition Books/Supplies
<input type="checkbox"/>	<input type="checkbox"/>	Beeper	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle
<input type="checkbox"/>	<input type="checkbox"/>	PDA	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Laptop <input type="checkbox"/> Signed FA-16 Form	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Comments: \_\_\_\_\_

Form Completed By \_\_\_\_\_

Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_