DIVISION OF ADMINISTRATION

Checklist for Exiting Employee

Employee Name:	Separation Date:		
Personnel Number:		Last Day Worked:	
This po	ortion of the form sho	ould be completed by the employee	
I have turned in:			
☐ Any LaCarte state trav	•		
☐ All keys including build☐ ID Access card	ilig, veriicies, iiiii	ng cabinets, storage facilities, etc.	
☐ All DOA Equipment no any other state prope		rms, computer, tools, cell phone/Bl	ackberry, radio or
•	•	ave slips and/or enter all leave in LE	EO prior to my last
Employee Signature	Date	Supervisor/Designee Signature	Date
•	•	Head or his/her designee to provide for or iring from the Division of Administration.	derly separation of an
☐ Send Separation Not Supervisor)	ice to e-mail gro	oup (include Section Head and Em	nployee
☐ Complete the OSB Coetc.	hange Authoriza	tion Form to delete access to bui	ldings, garages,
☐ Send Help Desk Tick	et to delete LAN	access and to deactivate email a	ccount
		will be mailed to their current add	dress and any
•	•	year should be sent to OHR.	
and benefits related		nan Resources Benefits Section w	ith retirement
	•	ning travel expenses and submit r	equests for
reimbursements prid	•	•	•
☐ Complete the LWC77 Form electronically (within 3 days of the separation date).			