

SUPERVISOR SEPARATION CHECKLIST

Open this form in Adobe Acrobat directly (not on the web) in order for the fillable sections to work.

PRIOR TO EMPLOYEE'S LAST DAY

- Complete Notice of Employee Separation (p. 2) and send with letter of resignation to HR Business Partner
- Provide the employee a copy of Employee Separation Checklist
- Contact Telecom Specialist at x7675 to reassign phone number, voice mail, and disable the employee's long-distance PIN and voicemail access
- Contact the Help Desk at x2168 or Helpdesk@yc.edu to develop exit plan for email and electronic files
- Inform Human Resources (HumanResources@yc.edu) and Payroll (Julie.Garver@yc.edu) if there will be a temporary change in timesheet approvers (if employee was an approver)
- Collect P-Card, destroy, notify procurement@yc.edu
- Collect Home Depot card and return to Procurement, Prescott Campus, bldg. 7
- Ensure that the employee has no outstanding travel or other expense reimbursement
- Inventory office furniture and collect ADA items (chairs, stand up desks, etc.). If needed, submit a Facilities work order for item pick-up (<https://www.yc.edu/v6/facilities/>).
- Submit Facilities work order to remove nameplate from door (<https://www.yc.edu/v6/facilities/>)

For involuntary or emergency separations:

- Call (instead of emailing) the Help Desk x2168 and Facilities x7694 to disable access
- Call Campus Safety x2185 to inform them that the employee has been separated
- Have employee contact Campus Safety directly to return to campus to pick up personal belongings.

ON EMPLOYEE'S LAST DAY

- Approve final online timesheet if applicable
- Collect business cards and name tags and destroy
- Collect technology equipment assigned to employee and contact Help Desk (HelpDesk@yc.edu) for pick up (cell phones, laptops, IPADs, etc.)
- Collect ID badge. If employee is transferring to another department or to be a student, have them keep ID and both employee and supervisor contact the OneCard desk at OneCard@yc.edu to have it updated.
- Remind employee to turn in Mailbox keys to the supervisor (you), if applicable
- If you believe there could be a safety issue with uniforms, collect employee's college-provided uniforms
- Remove access to department and profession-specific resources (such as professional associations and profession-specific web sites)
- Email switchboard@yc.edu to remove employee from YC phone list

NOTICE OF EMPLOYEE SEPARATION

Supervisor to initiate, complete, and submit to Human Resources

Employee Name: _____ Y #: _____

List all positions to be affected:

Position Number, Department & Title: _____ FT PT ADJ ST

Last Day worked: _____

Position Number, Department & Title: _____ FT PT ADJ ST

Last Day worked: _____

Would you rehire this person? Yes No

Check reason and attach relevant documentation (i.e. letter of resignation)

Resignation- Voluntary	Termination- Involuntary	Notes
<input type="checkbox"/> Retirement <input type="checkbox"/> < 15 yrs or <input type="checkbox"/> > 15 years	<input type="checkbox"/> Dismissal	
<input type="checkbox"/> End of temporary assignment	<input type="checkbox"/> Non-renewal of contract	
<input type="checkbox"/> Inactive	<input type="checkbox"/> Reduction in force (layoff)	
<input type="checkbox"/> Death	<input type="checkbox"/> Violated rules/policies	
<input type="checkbox"/> Return to school	<input type="checkbox"/> Unsatisfactory performance	
<input type="checkbox"/> Family reasons or relocate	<input type="checkbox"/> Absenteeism/tardiness	
<input type="checkbox"/> Job related hours/work/conditions	<input type="checkbox"/> Job abandonment	
<input type="checkbox"/> Health reasons	<input type="checkbox"/> Other (specify in notes)	
<input type="checkbox"/> Found new job		

Complete Supervisor Separation Checklist and collect Employee Separation Checklist

Employee forwarding address _____

Employee signature (if available) _____ Date _____

Supervisor name _____ Signature _____ Date _____

Human Resources/Student Employment Use

HR Initial _____	HR/Benefits Initial _____	Student Empl. Initial _____
Date _____	Date _____	Date _____
Separation effective date _____	Insurance coverage ends date _____	Eligible for retirement <input type="checkbox"/> Yes <input type="checkbox"/> No
PEASCH <input type="checkbox"/>	PDABCOV <input type="checkbox"/>	Notified Summit <input type="checkbox"/>
HR Signature _____		Date _____