EMPLOYEE SEPARATION

CHECKLIST(Parish / School)

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| ITEM | COMPLETED | COMMENTS |
| Resignation Letter |  |  |
| Employee Data Form (BIO/MFIF) |  |  |
| Employee Separation Report |  |  |
| SDI Booklet |  |  |
| HIPP Form |  |  |
| PASSCODE/Return KEYS/ OTHER |  |  |
| Return: Cell phone if issued by Parish |  |  |
| Final Time Card |  |  |
| Exit Interview |  |  |

I, , have received and reviewed my Final Pay Check and hereby state that the amount paid is accurate.

Employee Address:

Employee Signature Date

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_