



**SEPARATION INFORMATION CHECKLIST**  
**(MUST BE COMPLETED AND SUBMITTED TO HR ON THE DAY OF SEPARATION)**

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Job Title: \_\_\_\_\_ RACF ID: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Work Phone: \_\_\_\_\_  
Last Day at Work: \_\_\_\_\_

**ACTIONS REQUIRED BY SUPERVISORS**

Yes No N/A

- Discontinue telephone access
- Revoke signature authorizations
- Return State ID Cards (Paper & Plastic), WE Car card, parking decal, bus pass/MTA card, etc. to \_\_\_\_\_
- Collect Keys (building, office, cubicle, desk, file cabinet, etc.)
- Collect Small Equipment (calculators, cameras, GPS, ADA accommodations, etc.)
- Return Credit Cards (Pcard, Travel) to \_\_\_\_\_
- Return Phone Equipment (smartphone, cell phones, calling card, etc.) to \_\_\_\_\_
- Return Computer Equipment (laptop, printer, flash drive, jetpack, modem, etc.) to \_\_\_\_\_
- Return State Car - Contact \_\_\_\_\_
- Notify \_\_\_\_\_ at \_\_\_\_\_ to update employee directory
- Other (Uniforms, electronics, supplies, etc.)

**EXIT INTERVIEW (Confidential-For Employee Only)**

Yes No N/A

- Notify employee of availability of exit interview and options for completion

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Supervisor Name (Printed)

\_\_\_\_\_  
Date

PR-0487

RDA-NA