

## Employee Exit Checklist

**(To be completed by the Supervisor and filed in employee's incident file.)**

This checklist is a guide to assist you with the steps to take when an employee leaves their position in Maine State Government. As the supervisor/manager, it is your responsibility to ensure your employee has been properly separated from the position. Please sign and date the form to confirm your review of the checklist with the employee.

<b>Employee Name &amp; Title:</b>	<b>Supervisor:</b>
<b>Department/Bureau/Location:</b>	<b>Last Day of Work:</b>
<b>Voluntary Separation</b>	
<input type="checkbox"/> Request that the employee submit a letter of resignation <input type="checkbox"/> Ask the employee to complete the online exit questionnaire: <a href="https://www.surveymonkey.com/r/MaineStateEmployeeExitInterview">https://www.surveymonkey.com/r/MaineStateEmployeeExitInterview</a> <input type="checkbox"/> Ensure employee archives all computer files (including hard drive and secured files) onto shared drive <input type="checkbox"/> Ensure employee cleans work area and removes personal belongings	
<b>Involuntary Separation</b>	
<input type="checkbox"/> Confirm last day of employment (Date) _____ <input type="checkbox"/> Determine the appropriate process for removal of the employee's contents from office and/or workspace <input type="checkbox"/> Contact OIT to secure computer networks and files and terminate access	
<b>Complete these forms or initiate these processes</b>	
<input type="checkbox"/> Notify the Human Resources office when employee (or contractor) leaves employment; employee should contact HR directly to discuss final compensation, leave balances, benefits end date, etc <input type="checkbox"/> Ensure completion of final Time Sheet (through the last day of employment – i.e. work time, vacation time, etc.) <input type="checkbox"/> Retirement/Insurance: Instruct employee to contact MePERS (retirement) @ (800) 451-9800 and/or Employee Health and Benefits (insurance) @ (207) 287-6780 for employee specific benefit questions and information <input type="checkbox"/> Ensure employee submits outstanding travel vouchers <input type="checkbox"/> Process any fiscal reimbursements owed to employee (medical, childcare, etc.) <input type="checkbox"/> Complete HR termination of employment paperwork (Continuation of Benefits, Notice of Termination or Employee Resignation form available at <a href="https://www.maine.gov/bhr/state-hr-professionals/forms">https://www.maine.gov/bhr/state-hr-professionals/forms</a> ) <input type="checkbox"/> Complete Employee Performance Evaluation and forward through Reviewer for processing <input type="checkbox"/> Complete OIT "Footprints" ticket to Delete User Request <a href="http://inet.state.me.us/oit/eforms/index.html">http://inet.state.me.us/oit/eforms/index.html</a> - request privileges to all agency specific programs be revoked, and copy of email archives be sent to supervisor. <input type="checkbox"/> Other _____	
<b>Advise, retrieve, cancel, or secure the following items</b>	
<input type="checkbox"/> Staff Identification Badge/Electronic Entry Card as well as all physical keys returned and deactivated <a href="http://inet.state.me.us/oit/eforms/index.html">http://inet.state.me.us/oit/eforms/index.html</a> Date: _____ <input type="checkbox"/> RSA Card/Secure ID Obtained and Cancelled <a href="http://inet.state.me.us/oit/eforms/index.html">http://inet.state.me.us/oit/eforms/index.html</a> Date: _____ <input type="checkbox"/> Pager, Cell Phone, Laptop (cords, bag, mouse, disks, thumb drive, monitor, modems etc.) Date: _____ <input type="checkbox"/> Keys to all Fleet Rental Vehicles Date: _____ <input type="checkbox"/> State property assigned to employee: business cards, parking permit, textbooks, chair, keyboard, etc. Date: _____ <input type="checkbox"/> Add "Out of Office Assistant" to employee's e-mail immediately (while waiting for OIT to take offline) <input type="checkbox"/> Purchasing Card and/or Credit Cards Date Obtained: _____ Given to: _____ <input type="checkbox"/> Reset Voice Mail Password and Out-Going Message <input type="checkbox"/> Encrypted Flash Drive Date Obtained: _____ Given to: _____ <input type="checkbox"/> Other Job Specific State Property: (List): _____	
<b>For Employees who are Supervisors</b>	
<input type="checkbox"/> Complete change of rater/performance reviews on all subordinates <input type="checkbox"/> Secure supervisory/employee performance files	
<b>Agency Specific Requirements</b>	
<input type="checkbox"/> Return (agency specific items) _____ <input type="checkbox"/> Notify Departmental/external stakeholders of departure <input type="checkbox"/> Other _____	
Supervisor	Date