



EMPLOYEE CHECK OUT FORM

This form is to be used by the separating employee's supervisor on the employee's last day of employment with the District.

Employee Name: _____

Employee ID: _____

Title: _____

Department: _____

Last Day of Employment: _____

Supervisor: _____

It is the responsibility of the supervisor to ensure that the separation steps outlined below are reviewed and taken when an employee is leaving the District. This form should be completed by the supervisor and employee. Sign and date the form to confirm your review of the checklist with the employee.

Supervisor to retrieve, cancel, secure the following items and return to the appropriate department:

- Office/Door keys** (collect & submit to Civic Center Facilities Building 98)
- Desk keys** (Return to Department Clerical/Administrative Assistant)
- Access key card/ employee ID card** (Return to HR)
- Electronic devices, laptop and/or cell phone, etc.** (email helpdesk@swccd.edu to arrange drop-off)
- Purchasing Card and/or Credit Cards** (email swcap@swccd.edu to return card)
- Computer network/e-mail account** (No action required for retirees)
- Uniforms**
- Other District property** _____
- Employee's personal items** (ensure all personal property is removed from work area)

Employee Signature

Date

Supervisor Signature

Date

Original: Personnel File
Copy: Employee