



EMPLOYEE TRANSFER CHECK OUT FORM

This form is to be used by the outgoing department in the event of an employee transfer (lateral or promotional).

Employee Name: _____

Employee ID:	
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Current Department:	
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Last Day in Current Department: _____

Supervisor: _____

It is the responsibility of the supervisor to ensure that the separation steps outlined below are reviewed and taken when an employee is transferring to another department. 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.

Retrieve, cancel, or secure the following items:

Office/Door keys (collect & submit to Civic Center Facilities Building 98)

Desk keys

Access key card (Request reprograming)

Electronic devices, laptop and/or cell phone, etc.

Terminate access to current department shared drives.

Purchasing Card and/or Credit Cards

Uniforms

Other District property _____

Employee's personal items

Employee Signature

Date

Supervisor Signature

Date

Original: Personnel File Copy: Employee