

**DEPARTMENT OF COMMERCE
SEPARATION CHECKLIST**

Last Name	First Name	Initial
Effective Date	Division/Commission	Date of Interview

DIVISION DIRECTOR - Have the employee returned the following items? *(if applicable)*:

Keys	Phone Cards	AMEX Card	Photo ID
Motor Pool Vehicle/Keys	Building Access Card	Parking Deck Transponder	Other: _____

SUPERVISOR/HBR REPRESENTATIVE - The following items **MUST** be completed and submitted to the Human Resources Office.

<u>Letter of Resignation</u>	<u>Projected/Final Timesheets</u>	<u>Position Action Request Form</u>
<u>Performance Appraisal</u>	<u>IS Computer Notification</u>	<u>IS Notification of Separation Date</u>

HBR REPRESENTATIVE

Status on the following deductions:

Health Insurance	Dental Insurance	Life/Disability/
401 (k)/ROTH	Deferred Compensation	Accident Insurance
Savings Bonds	SEANC Dues	SECU
Combined Campaign	Parking Administrator	SEANC Insurance
Prepaid Legal	Exit Interview Questionnaire	NC Flex Plans
		Other

Status of: _____ Unused Vacation Leave _____ Unused Sick Leave

Is a refund of retirement contributions desired?	YES	NO
If yes, has FORM 5 been completed? <i>(Allow 60-90days for payment)</i>	YES	NO

Reasons for Separation

Transfer to another State Agency	Retirement	Private Sector	Other
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Director (or Designee) Signature	Date	Supervisor/Personnel Rep Signature	Date
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Employee Signature	Date	Benefits Representative Signature	Date
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