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| **Glenn County Health and Human Services Agency****DEPARTURE CHECKLIST** |
| Name: |  |
| Position: | Unit: |
| **DAY NOTIFICATION GIVEN:** | **Manager /****Supervisor** | **Personnel****Clerk** | **Date****Completed** |
| 1. | Resignation letter to Director/Deputy Director for acceptance |  |  |  |
| 2. | Scan-to-email resignation letter to Personnel staff as heads-up, forward Personnel original letter  |  |  |  |
| 3. | Complete GCPER-44 Pay Action Form:  |  |  |  |
| 4. | Merit System Separation Form IMS-21 |  |  |  |
| **LAST DAY OF EMPLOYMENT:** | **Manager /****Supervisor** | **Personnel****Clerk** | **Date****Completed** |
| 1. | Time Card Completed |  |  |  |
| 2. | Last Pay Check will be:Mailed: \_\_\_\_\_ Picked Up in Office: \_\_\_\_\_ |  |  |  |
| New Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | Email Last Pay Check Information to Fiscal. |  |  |  |
| 4. | Collect County Issued Items and return to units (See Below) |  |  |  |
| **AFTER EMPLOYEE IS GONE:** | **Manager /****Supervisor** | **Personnel****Clerk** | **Date****Completed** |
| 1. | E-mail all agency of employee’s departure (Teresa Chavez will forward to appropriate departments) |  |  |  |
| 2. | Complete IT Termination Form – to remove the employee’s computer access and e-mail to IT Department. |  |  |  |
| 3. | E-Mail Admin to delete from phone list, fire drill list, birthday list and Intranet. |  |  |  |
| 4. | E-Mail SIU to Deactivate Account |  |  |  |
| 5. | E-mail EW PM to Deactivate Account |  |  |  |
| **COUNTY ISSUED ITEMS RETURNED:** | **YES** | **NO** | **INITIALS** | **DATE** |
|  1. | Badge/Photo ID |  |  |  |  |
|  2. | Cal Card |  |  |  |  |
|  3. | Cell Phone, Password and Voicemail code |  |  |  |  |
|  4. | Keys/Key Card |  |  |  |  |
|   | Desk Phone Voicemail code |  |  |  |  |
|  | Other (List Below) |  |  |  |  |
|  | A. |  |  |  |  |
|  | B. |  |  |  |  |
|  | C. |  |  |  |  |
|  | D. |  |  |  |  |
|  | E. |  |  |  |  |