

Division of Human Resources

EMPLOYEE EXIT PROPERTY RETURN

L2:	Date:
Employee Name:	Work Location No:
(please print firmly)	
Employee ID:	Job Title:
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The following checklist is provided to ensure that employenty Public School District follow all exit procedure of the last day of employment.	
Please check appropriate boxes:	
Exit Interview Form completed	
Security access to computer system terminated □	
Property Returned to School/Worksite	
Keys:	Computer Equipment:
\square Yes \square No \square N/A	☐ Yes ☐ No ☐ N/A
☐ Visual Aids/Software:	Roll Book:
☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
Lesson Plans:	Tools:
☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
Uniforms:	Other Items:
☐ Yes ☐ No ☐ N/A	
Administrator/Supervisor:	Date:
Employee:	Date:
Computer Access will be terminated by Information	n Resources

Form No.: PER-819-013 – Employee Exit Property Return / Terminations

New Date: 6/4/18

Distribution: - Personnel File

- Administrator/Supervisor - Employee