

Supervisor's Checklist: Employee Separations

EMPLOYEE INFORMATION

STATUS:	<input type="checkbox"/> VOLUNTARY SEPARATION <input type="checkbox"/> INVOLUNTARY SEPARATION			CATEGORY:	<input type="checkbox"/> ADJUNCT	<input type="checkbox"/> FACULTY	<input type="checkbox"/> FT/PT STAFF
					<input type="checkbox"/> STUDENT STAFF	<input type="checkbox"/> TEMP STAFF	<input type="checkbox"/> SPECIAL AFFILIATE
EMPLOYEE NAME:	CWID:			USERNAME:	EXT:		
JOB TITLE:	JOB PROFILE AND JOB FAMILY:			START DATE:	END DATE:		
DEPARTMENT/OFFICE:	ACCOUNT/FOP:			OTHER:			
SUPERVISOR NAME:	SUPERVISOR EMAIL:	EXT:	OTHER:				

ACTIONS

DONE	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	COLLECT
<input type="checkbox"/>	<input type="checkbox"/>	ONE CARD
<input type="checkbox"/>	<input type="checkbox"/>	PURCHASING CREDIT CARD
<input type="checkbox"/>	<input type="checkbox"/>	OFFICE/FILE/DESK KEYS
<input type="checkbox"/>	<input type="checkbox"/>	ERGONOMIC EQUIPMENT
<input type="checkbox"/>	<input type="checkbox"/>	COMPUTER/IPAD/PRINTER/OTHER COMPUTER ITEMS
<input type="checkbox"/>	<input type="checkbox"/>	MOZY PRO BACK-UP FILES
<input type="checkbox"/>	<input type="checkbox"/>	MOBILE DEVICE/CELL PHONE, IF APPLICABLE
<input type="checkbox"/>	<input type="checkbox"/>	PERIPHERALS
<input type="checkbox"/>	<input type="checkbox"/>	OTHER: _____
<input type="checkbox"/>	<input type="checkbox"/>	SUBMIT
<input type="checkbox"/>	<input type="checkbox"/>	SUBMIT TERMINATION VIA USFWORKS*
<input type="checkbox"/>	<input type="checkbox"/>	FINAL TIME WORKED/TIME OFF
<input type="checkbox"/>	<input type="checkbox"/>	FINAL CONCUR REPORT(S)/END RECURRING CHARGES
<input type="checkbox"/>	<input type="checkbox"/>	NOTIFICATION TO DEPARTMENT/CHAIR/ASSISTANT
<input type="checkbox"/>	<input type="checkbox"/>	UPDATE
<input type="checkbox"/>	<input type="checkbox"/>	EMAIL LISTS/CALENDARS
<input type="checkbox"/>	<input type="checkbox"/>	MYUSF/USFCA WEBSITES
<input type="checkbox"/>	<input type="checkbox"/>	NEW MANAGER ROLE IN USFWORKS, IF SEPARATED EMPLOYEE HAD DIRECT REPORTS
<input type="checkbox"/>	<input type="checkbox"/>	OUT-OF-OFFICE MESSAGE/FORWARD OR END EMAIL
<input type="checkbox"/>	<input type="checkbox"/>	CANCEL
<input type="checkbox"/>	<input type="checkbox"/>	PURCHASING CARD
<input type="checkbox"/>	<input type="checkbox"/>	CONFERENCES/WORKSHOPS/TRAINING
<input type="checkbox"/>	<input type="checkbox"/>	INFORM DEPARTING EMPLOYEE
<input type="checkbox"/>	<input type="checkbox"/>	UPDATE PERSONAL INFORMATION IN USFWORKS
<input type="checkbox"/>	<input type="checkbox"/>	LAST PAYCHECKS (VACATION PAYOUT + FINAL PAY) ISSUED ON LAST DAY OF EMPLOYMENT, IF APPLICABLE
<input type="checkbox"/>	<input type="checkbox"/>	CONTACT BENEFITS@USFCA.EDU FOR BENEFITS QUESTIONS AFTER EMPLOYMENT ENDS
<input type="checkbox"/>	<input type="checkbox"/>	CONTACT HUMANRESOURCES@USFCA.EDU TO SCHEDULE AN EXIT INTERVIEW

*Voluntary Separations only