

CHAMPAIGN COUNTY TERMINATION CHECKLIST

Name of Employee: _____

Department/Position: _____

Termination Date: _____

Provide Termination Letter/Employee Provided Resignation Letter

Verify Address and Phone Number

Obtain Computer Passwords

Obtain Phone/Voicemail Passwords

Obtain Equipment and Property (Phones, Computers, Uniforms, Manuals, Tools)

Obtain Keys (Office, Vehicle, Desk)

Obtain office Credit Cards (Please contact Treasurer's Office)

Obtain Badge

Send Personnel Change Form to Evelyn Boatz

Give Employee Termination Packet

Supervisor's Signature: _____

Date: _____

I acknowledge that the above information was discussed by my Supervisor. All my personal data has been removed from my computer/desk and that my Supervisor has access to hard drive and my email for business purposes.

Employee's Signature: _____

Dates: _____

Employee's Name (PRINT): _____