

# 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 HR@co.champaign.il.us

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): \_\_\_\_\_