ARCHDIOCESE OF SAN FRANCISCO - CHANCERY

EMPLOYEE SEPARATION CHECKLIST

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept/Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| ITEM | COMPLETED | COMMENTS |
| Resignation Letter |  |  |
| Chancery Employee Data Form (BIO) |  |  |
| Employee Separation Report |  |  |
| “For Your Benefit” Booklet |  |  |
| COBRA Booklet  |  |  |
| HIPP Form  |  |  |
| Completed Admin Services Form |  |  |
| Return: Archdiocesan Property |
| Credit Card  |  |  |
| FOB/Gate Opener  |  |  |
| Cell Phone |  |  |
| Office Keys |  |  |
| Laptop/IPad/Monitor |  |  |
| Other (Periodicals/Work Materials)  |  |  |
|  |
| Final Time Card Approval in ADP |  |  |
| Exit Interview |  |  |

I, , have received and reviewed my Final Pay Check and hereby state that the amount paid is accurate.

Employee Address:

Employee Signature Date

Comment:

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