

COMMUNITY ACTION, INC. OF CENTRAL TEXAS

RESIGNATION/TERMINATION CHECKLIST

Employee: _____ Program: _____

Position: _____ Resignation: _____ Termination: _____

Forwarding Address: _____
Number & Street or P.O. Box Number

_____ City State Zip Code

New Phone Number: _____ Message Number: _____
Area Code Area Code

Supervisor's Responsibility

<u>Items To Be Retrieved:</u>	<u>Date</u>	<u>Comments-If Necessary</u>
Final Time Sheet	_____	_____
Travel Vouchers	_____	_____
Receipts	_____	_____
Petty Cash Reconciliation	_____	_____
Parking Permit	_____	_____
Credit Cards	_____	_____
Laptop Computer	_____	_____
Flash Drive	_____	_____
Purchase Orders	_____	_____
Agency Keys	_____	_____
Other Agency Property	_____	_____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HR Director's Responsibility

<u>Action</u>	<u>Date</u>	<u>Comments-If Necessary</u>
Medical Insurance-COBRA	_____	_____
Dental Insurance-COBRA	_____	_____
Life Insurance	_____	_____
Other	_____	_____

HR Director's Signature: _____ Date: _____

This checklist should be completed on the employee's last day of work. After signing, copies should be made for the employee and supervisor. The original is sent to the Human Resources Director.