To be completed by the employee's Department Head, Supervisor or Authorized Signatory
EXITING EMPLOYEES INFORMATION: First Name:
Last Name:
Last Working Date:
Termination Date :
DEPARTMENT HEAD CHECKLIST Department Head and/or supervisor must confirm whether the employee has the following and collect before the Last Working Date.
Letter of resignation (if applicable) Yes \square
N/A □
Employee ID Card:
Yes
N/A □
Procard:
Yes □
N/A □
Mobile Device:
Yes □
N/A □
Office/Department keys:
Yes □
N/A □
Key access card:
Yes □
N/A □
Equipment (i.e., Laptop, Desktop, etc):
Yes □
N/A □
UMass Business Cards:* (Department Head collects and destroys business cards)
Yes □
N/A □
Parking Badge:
Yes □
N/A 🗆

Employee Account & Data Removal Process

Employee Exit & Transfer Form

 $\frac{https://www.umassp.edu/hr/managers-toolkit/umso-employee-account-data-removal-process}{}$

Remind Employee to review the Separating from Umass Guide

https://www.umassp.edu/sites/default/files/documents/human-resources/Guide%20to%20Separating%20from%20UMass-Revised%2003.08.2021.pdf

Remind Employee about the Separation from Service link on the website

https://www.umassp.edu/hr/employee-handbook/9-separation-service

Please include any comments in the field below.*