

EMPLOYEE EXIT ROUTING FORM

Facility _____ Regional Office _____

COMPLETED BY EMPLOYEE:

Name: _____ (Print) Personnel #: _____

Forwarding Address: _____

Forwarding Phone #: _____ Assigned Work Hours: _____

Position Title: _____

I am terminating my employment at _____, effective the close of business on ____/____/____. I certify that I have removed all of my personal possessions from the facility / regional office, and have not removed any state property.

_____/____/____

Employee Signature _____ Date _____ Supervisor Signature _____ Date _____

CHECK-OUT LIST

Please indicate that the above employee has fully satisfied your office regarding this check-out notification by **initialing and dating** this form. If not, please indicate the reason in the Comments section below.

Badge	_____	____/____/____	HR / Benefits	_____	____/____/____
ID Card	_____	____/____/____	Retirement	_____	____/____/____
Uniforms	_____	____/____/____	Disciplinary	_____	____/____/____
Payroll/Timekeeper	_____	____/____/____	Credit Union	_____	____/____/____
Business Office	_____	____/____/____	Cellular Device	_____	____/____/____
Investigations	_____	____/____/____	Radio	_____	____/____/____
Unit Keys	_____	____/____/____	Vehicle Keys	_____	____/____/____
Office Keys	_____	____/____/____	Wifi Device	_____	____/____/____
Laptop	_____	____/____/____	Firearm	_____	____/____/____
Chemical Agent	_____	____/____/____	Rubber Boots	_____	____/____/____
Response Team Go-Pack	_____	____/____/____	Other	_____	____/____/____
Special Agent / Commission Card	_____	____/____/____			

Property Control (tactical equipment, baton, ammunition, magazines, bullet-proof vest, flashlight, handcuffs, leg irons, tactical belt, eye protection goggles, ear protection, etc.) _____/____/____

Comments:

COMPLETED BY HR LIAISON:

Work Location: _____ Hire Date: ____/____/____

Type of Appointment: _____ Last Day Worked: ____/____/____

Reason for Separation: _____

Human Resources Representative: _____ (Print) Date: ____/____/____