



PERSONNEL SEPARATION EXIT CHECKLIST

Department of Human Resources
City of New Haven
PHONE: 946-8252
FAX: 946-7166

Name: _____

Employee Number: _____

Department: _____

Exiting Date: _____

SECTION ONE TO BE COMPLETED BY MANAGER/SUPERVISOR

Paperwork Completed: (please indicate if the following paperwork is completed)	Yes	No	N/A
Personnel/Payroll notified:			
Final Time Sheet submitted			
Final Expense Reports submitted			

Return of City Property: (please indicate if the employee has returned the following items)

Credit cards			
Building key			
Garage key			
Bathroom key			
Key cards			
Cell phone			
Two-way radio			
Pager			
Computer laptop (serial# _____)			
Camera			
City assigned car			
Books/Manuals			
Files (electronic and paper)			

Non-Property Permissions (please indicate if the employee had any of the following permissions)

Pin # for long distance phone calls			
Pin # for City gasoline pumps			
Combination to safe or vault (Location of safe or vault _____)			

Reason for separation and remarks:

Human Resources: _____

Date: _____

Upon completion return to the Department of Human Resources