

Off Boarding Checklist: Staff Employee

EMPLOYEE INFORMATION	
Name:	Last day at work:
Position:	Supervisor:
To be completed by: Staff Employee	
<input type="checkbox"/> Return keys to Facilities <input type="checkbox"/> Clean out office/workstation, return supplies to Department Admin Support <input type="checkbox"/> P-card: email cancellation request to Purchasing cc your leader <input type="checkbox"/> Your last pay advice will continue as direct deposit <input type="checkbox"/> Turn in to your department admin support; U-Card, Name Tag, Yubikey, cell, laptop, Travel Card, gas card <input type="checkbox"/> Determine Outlook email transition plan: work with your leader to set up out of office reply <input type="checkbox"/> Move all department business files to department shared drive. Include files from computer and personal network drive. Contact Information Resources its@med.und.edu for assistance. <input type="checkbox"/> Please complete the exit survey found at: Survey Qualtrics Survey Software	
To be completed by: Department Admin Support	
<input type="checkbox"/> Submit Termination Form in HRMS MSS, automatically deactivates access to PeopleSoft (Finance/HRMS/Student), Jaggaer* <input type="checkbox"/> Notify SMHS Human Resources jill.sackenreuter@und.edu to schedule an exit interview <input type="checkbox"/> Collect ID's (U-Card, Name Tag) and destroy <input type="checkbox"/> Collect IR-related equipment: laptop, tablet, Yubikey, cell, etc. <input type="checkbox"/> Travel Card: collect, cut in half and send to Accounting Services Stop 8356 <input type="checkbox"/> State car / gas card: collect and submit Termination Request form <input type="checkbox"/> Telephone: notify your telephone counselor <input type="checkbox"/> Email, email groups, shared calendar, and network access: Contact Information Resources its@med.und.edu Email accounts are active for 30 days, unless specified. Network access is removed at termination. <input type="checkbox"/> User Data including desktop, department network drive, personal network drive*: Contact Information Resources its@med.und.edu *Personal network drives are deleted after 30 days. <input type="checkbox"/> For Perceptive Content Accounts Payable (AP) Access Removal – contact Tass Wood <input type="checkbox"/> Deletion of access FMS: send notice to deactivate access to Admin/Finance, Tass Wood <input type="checkbox"/> Contract Database: send notice to deactivate access to Admin/Finance, Tass Wood <input type="checkbox"/> DocuSign: send notice to Admin/Finance, Tass Wood to have “transfer of custody” of all the agreements from the former employee to the new employee completed. <input type="checkbox"/> Versatile: send notice to deactivate access to Admin/Finance, Susan Carlson <input type="checkbox"/> Authorized Signatures for Accounting Services and Human Resources: contact the SMHS Administration & Finance Office <input type="checkbox"/> EDA, printer Access, copier code: notify SMHS Administration & Finance Office, Tass Wood <input type="checkbox"/> Jaggaer: if transferring within UND, submit Access Request Form (on home page) to change their role, Tass Wood	

<input type="checkbox"/> Update Department website: remove staff name <input type="checkbox"/> Update Organizational Chart: remove staff name
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To be completed by:	Leader
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<input type="checkbox"/> Send notification of departure to department, impacted staff, cross-functional partners, etc. <input type="checkbox"/> Ensure continuity of work process, review status of current tasks/projects, etc. <input type="checkbox"/> Determine Outlook email transition plan: out of office language, point of contact, transfer/retain, access <input type="checkbox"/> P-card: verify email sent cancellation request to Purchasing, collect and destroy <input type="checkbox"/> Please encourage your departing staff to complete the exit interview survey found online at: Survey Qualtrics Survey Software

CONFIRMATION OF COMPLETION

<p>I have completed this checklist with the assistance of departmental staff and my leader.</p>
<p>Signature of Staff Employee: _____ Date: _____</p>
<p>Signature of Leader: _____ Date: _____</p>
<p>RETURN COMPLETED FORM TO SMHS HUMAN RESOURCES</p>