

# Off Boarding Checklist: Staff Employee

EMPLOYEE INFORMATION	
Name:	Last day at work:
Position:	Supervisor:
<b>To be completed by: Staff Employee</b>	
<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"/> Please complete the exit survey found at: <a href="https://ndstate.co1.qualtrics.com/jfe/form/SV_9EOEBfQgg2OYrWt">https://ndstate.co1.qualtrics.com/jfe/form/SV_9EOEBfQgg2OYrWt</a>	
<b>To be completed by: Department Admin Support</b>	
<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 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 <a href="#">Termination Request form</a> <input type="checkbox"/> Telephone: notify telephone counselor, Mary Hamilton <input type="checkbox"/> Email and network access: submit UIT Ticket (Service Catalog>Accounts and Security>Account Removal Request) <input type="checkbox"/> Desktop files, C: drive, S Drive, Outlook distribution lists, shared calendars, remove from Groups (See * below); contact IR, <a href="mailto:its@med.und.edu">its@med.und.edu</a> *Continuing in another position Emeritus or Affiliation status, i.e. kept on longer than 30 days *Notify if in NDUS System or left UND <input type="checkbox"/> Perceptive Content access: complete <a href="#">Access Request form</a> indicating deletion of access <input type="checkbox"/> 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 HR/Payroll Services: 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	

Update Organizational Chart: remove staff name

**To be completed by: Leader**

- Send notification of departure to department, impacted staff, cross-functional partners, etc.
- Ensure continuity of work process, review status of current tasks/projects, etc.**
- Determine Outlook email transition plan: out of office language, point of contact, transfer/retain, access
- P-card: verify email sent cancellation request to Purchasing, collect and destroy
- Please encourage your departing staff to complete the exit interview survey found online at:  
[https://ndstate.co1.qualtrics.com/jfe/form/SV\\_9EOEBfQgg2OYrWt](https://ndstate.co1.qualtrics.com/jfe/form/SV_9EOEBfQgg2OYrWt)

**CONFIRMATION OF COMPLETION**

I have completed this checklist with the assistance of departmental staff and my leader.

Signature of Staff Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Leader: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN COMPLETED FORM TO SMHS HUMAN RESOURCES**