

# **Education, Training and Technical Assistance**

## **Employee Separation Checklist**

**Employee Name:** \_\_\_\_\_ **Separation Date:** \_\_\_\_\_

<b>Supervisor/Designee</b>	<b>Yes</b>	<b>N/A</b>	<b>Initials</b>
Verified all entries on NCDOL Supervisor's Separation Checklist has been completed (Checklist is located on NCDOL Intranet).			
Returned PPE assigned or it has been accounted for?*			
Cleared Equipment Sign Out Board?			
Verified all equipment on Employee's Equipment Inventory Sheet has been returned or otherwise accounted for?*			
Other:			
Other:			

**\*Anything not returned must be accounted for in the comments section below.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_