

END OF EMPLOYMENT CHECKLIST - LEADER

This checklist is intended as a tool for leader use when a team member’s employment relationship is ending. Not all items will apply to every team member. Once completed, forward to HR Operations with the team member’s department file contents.

Team Member Name	Team Member ID Number
Facility/Location	Job Title
Supervisor	Last Day of Employment

Section I Atrium Health Property Checklist

Please check off as applicable:

- a) Collect and destroy Team Member ID badge _____
 - b) Collect any computer hardware (*Asset Tag #* _____) _____
 - c) Terminate system access, including but not limited to share drives: _____
 - In instances where the end of employment is involuntary, contact Human Resources immediately (Note: HR may instruct the leader to contact the Support Center or HR may contact IAS Security as appropriate.)
 - d) Collect any additional Atrium Health property and equipment, _____
including:
 - Facility keys (Submit an OSR to Access Control to get keypad access, office alarms or combination locks changed due to team member termination.)
 - Communications devices (pager, cell phones, ASCOM phones, etc.)
 - Long distance calling card, authorization code
 - Purchasing card
 - Atrium Health manuals
 - Uniforms
 - Property with patient identifiable information
 - Other property (describe below)
- _____
- _____
- _____

Section II Issues Discussed

- a) Confidentiality of Atrium Health information _____
- b) Advise team member that a Compliance Departure Survey will be mailed to their home. _____
- c) Verification of mailing address _____
- d) Inform team member that their final pay and PTO will be direct deposited. _____
- e) Debts cleared (any money owed to Atrium Health or team member) _____
- f) Ask the team member if he/she is in a concurrent job. If yes, ask for leader’s name and notify him/her that the team member has left. _____

Section III Human Resources Notification

- *a) Terminate via YourHRLink Self Service (MSS), Termination _____
 - b) Requisition Request submitted _____
OR
 - c) Replacement of position on hold _____
OR
 - d) Position will not be replaced _____
- * Note that departing team member’s PTO will not be paid out until the MSS Termination is received and entered by HR Operations.

Section IV Team Member File

Send the contents of the team member’s department file (including this checklist) in a Confidential Envelope to HR Operations within one (1) month of termination. Contents should include:

- a) Attendance and Counseling Records _____
- b) Orientation Form(s) _____
- c) Competency/Skills Checklist(s) _____
- d) Annual Continuing Education Profile(s) _____
- e) Original documents including disciplinary notes not previously sent to HR. _____

NOTE: It is **NOT NECESSARY** to send safety and competency tests.

Leader Signature

Date

If you need assistance, including locating any forms, contact Human Resources at (704) 631-0300.