

Checklist for Leavers

Name: _____ Employee ID: _____

Department: _____ Division: _____

Line Manager: _____ Start Date: _____

Please make the following items available either before or at your leaving interview. It is the leavers responsibility to ensure that the articles are made available in a timely manner and in good condition. Failure to return all the relevant articles and having them signed off will result in a delay of the final payment.

	Returned?	NA	Receiver
1. Company Car (inc keys, documents and forms)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Mobile Phone / Simcard / Accessories	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Keys (Desk, Doors, Cabinets, Filing)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Credit Cards / Petrol Cards / Supplier Cards	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Cash Float	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Loans	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Tokens / Vending Cards	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. PC Hardware / Software / Media	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Memory Cards / Discs	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. ID Cards / Swipe Cards / Access Control	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Presentation Equipment / Material	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Business Cards	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Company Manuals	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Other Proprietary Materials and Assets	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Expense Claims Completed to Date	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Time Cards Completed to Date	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Non Disclosure Agreement Completed	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Official Secrets Act Completed	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please indicate reasons for any failure to return company assets including details of any agreement to return the items at a later date

Employee Declaration

I certify that my contract of employment with the company terminates on _____ and that I have returned all company assets and proprietary information in my possession. I have not kept any copies of any manuals, documents, files or other material and I have deleted and removed and company supplied software from personal computers and media.

Signed by Leaver: _____ Date: _____

This form should be completed and signed off by the Leaver's Line Manager prior to or at the leaving interview. HR should be presented with the completed and signed form and will process it in line with the company policy.

Signed by Manager: _____ Date: _____

Signed by HR: _____ Date: _____