

## Separated Employee Checklist

### Department of Human Resources (DOHR) – Records Management Division

Organize separated employee file in the below order and place a check mark beside each item that is contained in the folder. Sign, date and file this form in the front of separated employee folder before sending to DOHR.

NAME \_\_\_\_\_ SS# \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ EMPLOYEE ID# \_\_\_\_\_

	<b>AGENCY SPECIFIC DOCUMENTS INCLUDED IN SEPARATED EMPLOYEE FILE LISTED BELOW.</b>
Separation Notice	<p><b>NOTE:</b>  <b>PLEASE PULL ALL DUPLICATE COPIES OF RECORDS, LIENS, THE EMPLOYEE I-9'S, RECORD OF PERFORMANCE MANAGEMENT, GARNISHMENTS, AND CHILD SUPPORT ORDERS (if associated with employee wages) CHILD SUPPORT ORDERS ASSOCIATED WITH HEALTH INSURANCE ARE TO BE RETURNED. PLEASE REMOVE ALL STAPLES, POST IT NOTES AND THE AGENCY SPECIFIC SEPARATION CHECKLIST. ALL DOCUMENTS WITHIN THE EMPLOYEE FILE SHOULD BE ON 8X11 SIZE SHEETS OF PAPER.</b></p> <p><b>QUESTIONS: 615-741-2853 OR 615-741-5595</b></p>
Letter of Dismissal or Resignation	
Leave Balance Record & Payable Time Detail (leave for separation and C-7's)	
All 201s/DIRs/JCRs (in chronological order) and supporting documents, including: <ul style="list-style-type: none"> <li>• Board of Claims leave form, accident report (omit medical documents.)</li> <li>• Special leave, maternity, military, FMLA, LWOP (omit medical documents)</li> <li>• Disciplinary actions-suspension letters or written warnings</li> </ul>	
Application/Resume (each job held prior to NeoGov)	
Proof of Education/Training Records and Certificates (GED, diploma, transcript/training summary)	
Military Record (DD-214, disability letter)	
Employment Policies both State and Agency (Written policy and signature page)	
Life Insurance Beneficiary Form	
Change of Beneficiary Form (of any kind)	
Retirement Form (enrollment)	
Old Cardex File Cards	
<b>THE BELOW DOCUMENTS WILL BE SENT WHEN THE SEPARATED EMPLOYEE IS PRE-EDISON AND THE DOCUMENTS LISTED BELOW ARE THE ONLY KNOWN COPY.</b>	
W-4 Form	
Health Insurance Card or Form	
Dependent Listing Card or Insurance Form	
<p>FILE CHECKED BY _____ DATE _____</p> <p><b>DOHR USE ONLY:</b>    AUDITED BY: _____ DATE _____</p>	