

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# _____

*	Separation Notice	AGENCY SPECIFIC DOCUMENTS INCLUDED IN SEPARATED EMPLOYEE FILE LISTED BELOW.	
*	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"> • Board of Claims leave form, accident report (omit medical documents.) • Special leave, maternity, military, FMLA, LWOP (omit medical documents) • Disciplinary actions-suspension letters or written warnings 			
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)			
Social Security Card			
Employment Policies both State and Agency (only signature page)			
Life Insurance Beneficiary Form			
Change of Beneficiary Form (of any kind)			
Retirement Form (enrollment)			
Old Cardex File Cards			
*	DOCS SENT VIA EPAF DO NOT NEED PRINTED OUT OR PLACED IN SEPARATION FILE. THE BELOW DOCUMENTS WILL BE SENT WHEN THE SEPARATED EMPLOYEE IS PRE-EDISON (9-1-2008) AND THE DOCUMENTS LISTED BELOW ARE THE ONLY KNOWN COPY.		<p>NOTE: PLEASE ENSURE THERE IS ONLY ONE COPY OF ANY DOCUMENT AND DISCARD ANY DUPLICATES. DO NOT SEND TO DOHR ANY LIENS, EMPLOYEE I-9'S, PERFORMANCE MANAGEMENT DOCUMENTS, GARNISHMENTS, AND CHILD SUPPORT ORDERS UNLESS THE ORDER PERTAINS TO THE EMPLOYEE WAGES. CHILD SUPPORT ORDERS ASSOCIATED WITH HEALTH INSURANCE WILL BE RETURNED TO THE AGENCY SINCE THIS INFORMATION IS MAINTAINED IN BENEFITS ADMINISTRATION. PLEASE REMOVE ALL STAPLES, POST IT NOTES AND THE AGENCY SPECIFIC SEPARATION CHECKLIST. ALL DOCUMENTS WITHIN THE EMPLOYEE FILE SHOULD BE ON 8 X 11 SIZE SHEETS OF PAPER.</p> <p>QUESTIONS: 615-741-2854 OR 615-741-5595</p>
W-4 Form			
Health Insurance Card or Form			
Dependent Listing Card or Insurance Form			
FILE CHECKED BY _____ DATE _____			
DOHR USE ONLY: AUDITED BY: _____ DATE _____			