

EMPLOYEE EXIT CHECKLIST

We would like to invite you to take a moment to respond to the CAFE Exit Survey. Your responses will be reviewed by college leadership and will only be used to help CAFE determine areas for employee retention improvements: https://uky.az1.qualtrics.com/jfe/form/SV_8lkSeGAVnxIKL5P

| | |
|---|--|
| Employee's Name | |
| UK ID # | |
| Position # | |
| Job Title | |
| Employee Type (biweekly/monthly) | |
| County | |
| Supervisor's Name | |
| Indicate Whether Transferring/Separating/Retiring | |
| Last Day of Work | |
| Separation Date (First day inactive) | |

| | Date Completed | N/A |
|---|----------------|-----|
| Written Notice Received (<i>To leave in good standing, salaried staff must provide 30 days notice; bi-weekly staff must provide 2 weeks notice</i>) | | |
| Complete all current reports and send before the last day of work | | |
| List of all inventory and equipment assigned to employee showing that all items are accounted for and released from personal accounts | | |
| Procard Returned / Deactivated | | |
| Keys Returned (e.g. building, office, equipment, vehicle, etc.) | | |
| Update Voicemail Message | | |
| Remove personal items From Workspace | | |
| Remind employee to return parking tag | | |
| Remove from distribution lists, etc | | |
| Collect UK ID Card | | |
| Complete Separation Sheet, indicate forwarding address, & attach resignation letter | | |
| P-16 prepared/signed (Cooperative Extension) | | |
| Verify leave balances/for outstanding trip expenses touch base with your area travel rep | | |
| Notify department IT that the employee is leaving | | |
| It is required that the employee be in the office the last day of work | | |

| Cooperative Extension Items (in addition to the items above) | Date Completed | N/A |
|---|----------------|-----|
| Notification sent to District Board, County Extension Council and Program Council | | |
| Verify with the treasurer(s) of all accounts that all funds are properly accounted for with a financial statement prepared and submitted to DD and Fiscal Coordinator | | |
| Verify leader lists, calendar of programs, and list of upcoming responsibilities have been sent to the District Director and fellow agents | | |
| Turn in credit cards, membership cards and verify accounts have been cancelled | | |

| | Signature | Date |
|--|-----------|------|
| Signature of Extension Employee Verifying Items Noted Above: | | |
| Signature of District Director: | | |

| Department Business Office Use | Completed | N/A |
|--|-----------|-----|
| Update forwarding address as needed | | |
| Enter Separation Personnel Action (except retirees) | | |
| Delimit Long Distance Phone Code | | |
| Delimit Cost Distribution (27) | | |
| Enter Terminal Leave Pay Out | | |
| Send original paperwork to CAFE Business Center | | |
| File copies of paperwork in department file (retain for 5 years) | | |
| Move Department Personnel File to Inactive (write separation date on top right corner of file) | | |
| Delimit Travel Privileges (17) | | |
| Remind employee that their portal access will end | | |