

CHECKOFF LIST FOR SEPARATING EMPLOYEES

Employee's Name: _____ Separation Date: _____

Status: _____ BU: _____
(Full-time, Part-time, Non-perm, etc.) (GGU, SU, KK, LTC, PX, EX, etc.)

Check off each item that has been completed, and the appropriate paperwork given to and discussed with the employee upon notification of termination:

_____ Human Resource Office has been notified of termination (HR will need information to notify other sections regarding any outstanding liabilities such as travel, credit cards, etc.).

_____ Employee and Supervisor have been notified that the final timesheet and/or leave slips are required to be submitted to the Human Resource office on the employee's last day worked.

_____ Request for Personnel Action Form (RFPA). (The separating employee and supervisor need to complete and sign the Separation Section. The completed form is to be submitted to Human Resources on the employee's last day worked.).

_____ Employment Clearance Form (The separating employee and supervisor need to complete appropriate sections and sign. The completed form is to be submitted to Human Resources on the employee's last day worked.).

_____ Computer Access & Electronic Files (The supervisor must notify their departmental IT Section to disable the employee's computer access and disposition of electronic files in accordance with SOA IT policy on retention of electronic media.).

_____ GGU Health Trust Notification Form (The form must be completed by the employee and submitted to Human Resources on the employee's last day worked.)

_____ Leaving State Employment booklet by the Division of Retirement & Benefits has been provided to the employee (to be given for informational purposes only).

_____ COBRA Health Continuation Form and premium information (These forms are required for all health insurance eligible, *separating* employees. Please check below which appropriate information is to be given).

_____ GGU employees are notified to contact their Health Trust at 1-866-553-8206

_____ Select Benefits (KK, SU, PX, Exempt)

_____ LTC employees are notified to contact their Health Trust at 1-800-446-3671

_____ Group Health LWOP/Layoff Health Continuation Enrollment Forms and premium information (These forms are required for all health insurance eligible *LWOP or Layoff employees*. Please check below the appropriate information given).

_____ GGU employees are notified to contact their Health Trust at 1-866-553-8206

_____ Select Benefits (KK, SU, PX, Exempt)

_____ LTC employees are notified to contact their Health Trust at 1-800-446-3671

_____ SBS Annuity Election Form (This form is required to be given to all employees. Employees do not complete or turn in if not requesting a refund of their contributions or are retiring. The Division of Retirement and Benefits must receive the original form, with original signatures, to process any refunds, etc.).

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- _____ PERS Annuity Election Form (This form is required to be given to all employees who participated in PERS. *Nonpermanent employees were not eligible for participation in PERS. Employees do not need to complete if they aren't requesting a refund of their PERS contributions. The Division of Retirement and Benefits must receive the original form, with original signatures, to process any refunds, etc.*).

- _____ Deferred Compensation Benefit Payment or Deferral Election Form (if applicable, this is for employees who have participated in the Deferred Compensation Program.)

- _____ Term Leave Tax Option Form (if applicable – employee must have at least one month of leave (150 hours) to qualify).

- _____ Supervisor has been notified of the performance evaluation requirement for a separating employee.