**EXITING EMPLOYEE CHECKLIST**

***Completion of this form is required prior to the distribution of employee’s final check.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Name (Last, First) School / Location**

**\_\_\_\_\_ Employee has completed and submitted a signed Resignation/Notification of Intent to Leave**

**System Employment Form.** [**Resignation / Retirement Form**](http://www.gcs.k12.al.us/wp-content/uploads/sites/106/2015/02/RESIGNATION.RETIREMENT.pdf)

**\_\_\_\_\_ Employee has collected all personal belongs from the School/Facility.**

**\_\_\_\_\_ Employee has submitted and had approved (in Professional Learning) all Professional Development activities completed while with the Gadsden City Schools**

**The following items have been turned in to the Immediate Supervisor**

 **\_\_\_\_\_ Building / Room / Other Keys**

 **\_\_\_\_\_ Technology Equipment checked out to the Employee**

 **\_\_\_\_\_ Passwords for any GCS software or other Technology Resources, including Computers**

 **\_\_\_\_\_ Teachers Editions and other Resource Materials**

 **\_\_\_\_\_ Gradebook and all other Student Record Documents**

**(NOTE: Additional Technology Information for Exiting Employees is available by clicking** [**here**](http://www.gcs.k12.al.us/wp-content/uploads/sites/106/2015/02/ExitingEmployeeTechnologyInformationSheet2015.pdf)**.)**

**\_\_\_\_\_ Classroom Inventory has been checked/verified (including technology items)**

**List any missing items: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURES**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Administrator / Immediate Supervisor**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Date**

***Send the completed signed form to the Human Resources Office (Dr. David Asbury).***