

**Glenn County Health and Human Services Agency
(supervisor) EMPLOYEE DEPARTURE CHECKLIST**

Name:		Supervisor:		Termination Date:	
Position:		Unit:		Last Day Worked:	
DAY NOTIFICATION GIVEN:				Manager/ Supervisor Initials	Date Completed
1	Resignation letter to Director/Deputy Director for acceptance & signature/initials				
2	Email resignation letter to HHSA Personnel staff (Jessica Silva) and route original letter with				
LAST DAY OF EMPLOYMENT:				Manager/ Supervisor Initials	Date Completed
1	Time Card completed (sign and send to Fiscal)				
2	Last paycheck will be: Mailed _____ Picked up in office _____ Mailing Address: _____ _____ _____ Current Personal Email Address: _____				
3	Email last paycheck information to HHSA Payroll email group (information received in item #2 above)				
4	Collect County issued items and return to units as appropriate (see section below)				
AFTER EMPLOYEE IS GONE:				Manager/ Supervisor Initials	Date Completed
1	Email All Agency of employee's departure (to ALL HHSA distribution list)				
2	Email PM or applicable contact person to deactivate third party accounts as applicable (CIV, Anasazi, CAMS, EBT, CalReady, RFA, etc.)				
COUNTY ISSUED ITEMS:		YES	NO	INITIALS	DATE
1	Employee ID Badge (route to SIU)				
2	Keys/Key Card (HHSA Admin)				
3	Cell Phone, password, voicemail code, and charger (hand deliver to Kristy Millar)				
4	Cal Card (hand deliver to HHSA Fiscal immediatley)				
5	Laptop/mouse				
6	iPad or Surface Pro				
7	Hot Spot				
8	Other (list below):				
	A.				
	B.				
	C.				
9	Email completed Departure Checklist to HHSA Personnel Staff (Jessica Silva)				

