

**SCHOOL DISTRICT
EMPLOYEE SEPARATION CHECKLIST**

SUBJECT	ACTION	EXAMPLES OF DOCUMENTS	DATE
<u>Separation Action</u>			
	Internal documentation of reason for separation; support for dismissal decision, etc.	Memo from supervisor; investigation results; etc.	
	Employee's letter of resignation or termination	Letter signed and dated by employee or supervisor	
	For teacher: Have board accept resignation or termination	Minutes of board meeting	
	Exit interview questionnaire?		
	Letter of reference?		
	If bad conduct, PPC Complaint, law enforcement/CPS		
	Automatic reply for employee email and/or close employee email account		
	Remove employee's bio and information from website		
	Delete employee's voicemail		
	Assign duties or extra duties to different employee		
	Inform parents and/or district staff?		
	Employee's forwarding address		
<u>Pay Issues</u>			
	Calculate final pay; including any leave pay due	Spreadsheet with employee sign off	
	Final paycheck (under Wage Payment and Collection Act, must be issued within two weeks of next regularly scheduled board meeting, provided the separation is at least 1 week prior to such meeting)	Signed receipt by employee	
<u>Return of Property</u>			
	District-owned equipment (laptop, uniforms, supplies, etc.)	Memo instructing employee to return equipment immediately	
	Security card, security codes/passwords, keys, employee name tag, etc.	Memo instructing employee to return and disclose all security equipment and information immediately	
	Need to change locks, codes, passwords?		
	Notify network administrator to remove email address and remove		

	computer access		
	Check to see if employee owes for supplies, etc.		
<u>Retrieval of Personal Effects</u>			
	Employee need to retrieve any personal items? (Supervisor should oversee this process)		
	Employee need to retrieve any electronic information (if so, employee must request permission from technology coordinator)		
<u>Health Insurance and COBRA</u>			
	Insurance Plan Booklet		
	Inform employee of when district-sponsored health insurance coverage will end	Group Health Benefits Right of Continuation Notice; Continuation Election form	
	Contact COBRA (EHA manager: Mike Owens 402-758-7880)	Acknowledgment of Receipt of COBRA Notices COBRA Enrollment Application	
	Cancel any relevant coverage, such as vision coverage, dental coverage, long-term disability, life insurance, etc.		
<u>NPERS</u>			
	Provide contact information for NPERS for employee to access information about retirement benefits		
	Stop any retirement contributions		