

STAFF EXIT CHECKLIST

NAME _____

ID NUMBER _____

TITLE _____

SITE _____

SUPERVISOR _____

DATE LAST WORKED _____

SCOE PROPERTY RETURNED TO HR:

YES ☐ N/A ☐ Employee Badge
YES ☐ N/A ☐ H Street Parking Permit
YES ☐ N/A ☐ H Street Electronic Gate Card
YES ☐ N/A ☐ H Street Office Key
YES ☐ N/A ☐ Network Services (email and voicemail)

HR Signature_____
Date_____
Staff Signature_____
Date**SCOE PROPERTY RETURNED TO CFS / RETURNED TO EMPLOYEE:**

_____/ Laptop
_____/ Portable Printer
_____/ Cell Phone/Blackberry, etc.
_____/ iPad
_____/ DeArmond Office Card
_____/ DeArmond Gate Key
_____/ DeArmond Electronic Gate Card
_____/ Center/Site Keys
_____/ Other items checked out (video camera, Edge card, SCOE materials, etc.)
List items: _____

Items Returned to SCOE:_____
Office Supervisor Signature_____
Date_____
Staff Signature_____
Date**Items Returned to Employee:**_____
Office Supervisor Signature_____
Date_____
Staff Signature_____
Date

PASSWORDS DEACTIVATED / ACTIVATED:

_____ / _____	Al's Alarm
_____ / _____	Athena
_____ / _____	CDMIS
_____ / _____	CenterTrack
_____ / _____	COPA – MHS COPA
_____ / _____	COPA – RHS/EHS COPA
_____ / _____	Head Start Enterprise System (HSES)
_____ / _____	Kindertrack
_____ / _____	Kinderwait
_____ / _____	Microsoft Expression
_____ / _____	Network Services (email)
_____ / _____	OMS
_____ / _____	PROOF (CARES Plus)
_____ / _____	QSS/QCC

OTHER:

_____ / _____	Internal email distribution lists
_____ / _____	SCOE Directory

Passwords Deactivated:

_____	_____	_____	_____
Office Supervisor Signature	Date	Staff Signature	Date

Passwords Activated:

_____	_____	_____	_____
Office Supervisor Signature	Date	Staff Signature	Date