



## BCF SOLUTIONS EMPLOYEE EXIT CHECKLIST

The purpose of this checklist is to assist BCF supervisors and departments with the process when an employee leaves the company. Employees leaving BCF should be aware of pertinent information, rights and benefits that may affect them.

Employee Name	Employee ID	Division Name	Termination Date
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### Submit to HR

Signed PAN	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Resignation Letter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Security Debrief Form for "cleared" employees	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Out processing information for Cobra and 401K	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

### Collect Government and BCF Property

Keys	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Badges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Parking Passes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Company Credit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Cell phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Computer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

### Notify IT

Terminate account/passwords	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### Verify with Accounting

Timesheet signed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verify current mailing address is on file	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Loans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Advance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Tuition assistance refund if applies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Division Manager:

Date:

Signature: