

MACOMB COUNTY

Human Resources and Labor Relations Department

1 South Main Street, 6th Floor, Mount Clemens, MI 48043 • Phone (586)469-5280 • Fax (586)469-6974

EMPLOYEE TERMINATION and EQUIPMENT CHECKLIST

Employee ID:

Employee Name:

Last, First, MI

Department:

Employee Personal Email:

Status:

Full-time Part-time Temporary

Reason for Termination:

Explanation:

Termination Date:

Employee Phone No:

Classification:

Direct Supervisor's Name & Phone Number:

Do you intend to fill this position?

Elected Official/Department Head Signature

Date

Equipment Returned	Initials	Date Returned	Equipment Returned	Initials	Date Returned
Building Keys			Radio		
Cell Phone / Blackberry			Security Badge		
Department Keys			Tools		
I.D.			Uniform		
Laptop			Vehicle / Keys		
Materials			Other:		

To be completed by HRLR:

Date of Hire: _____ Timecard Audit: _____ Payoff Date: _____

Debit Card: No Yes If Yes, Cancel Account: _____ Send Notice: _____

COBRA Notice: _____ Retirement Notice: _____ To Payroll: _____

Retirement Plan: _____ Actuary Audit: _____ Vanguard: _____