

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:

Status:

Full-time Part-time Temporary

Reason for Termination:

Click on arrow for options

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: _____