



EMPLOYEE EXIT CHECKLIST

STATE OF NORTH DAKOTA

SFN 19451 (5-07)

Employee Name	Termination Date
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Instructions: This exit checklist is intended to act as a guide for the appointing authority and employee when an employee's service with an agency is ending. After a particular section has been completed, the person who completed the section should initial and date the form. When the entire checklist is completed, the form may be placed in the employee's personnel file.

	Initials	Date
Employee Responsibility		
Submit letter of resignation and include date of planned termination and future mailing address.		
Organize records and files (hard copy and computer) at workstation.		
Agency Responsibility		
Agency must submit proper forms to PERS as applicable. The following forms can be found in the Retirement Kit on PERS website at www.nd.gov/ndpers . [Note: The Suppress DDP Advice Print will be turned off, so the employee can receive a hard copy of their advice.]		
• Notice of Status or Employment Change, SFN 53611		
• NDPERS Request for Benefit Information, SFN 53603		
• Application for Retirement Benefits, SFN 2562		
• Conversion of Unused Sick Leave Application – Defined Benefit, SFN 58358		
• Application for the Partial Lump Sum Option – Defined Benefit, SFN 54373		
• Legible photocopies of birth certificate, spouse's birth certificate & marriage certificate		
• Designation of Beneficiary for the Group Retirement Plan, SFN 2560		
• Authorization for Direct Deposit for Annuity Payment, SFN 18379		
• Form W-4P (Substitute) Tax Withholding Certificate,, SFN 51506		
• Continuation of Group Health Insurance Coverage (COBRA), SFN 53799		
• Retiree Group Health Insurance Application, SFN 16277		
• Retiree Life Insurance Application, SFN 53622		
• Prudential Conversion Information Request Form		
• Retiree Continuation of Group Dental Coverage (COBRA), SFN 53800		
• Retiree Dental Insurance Enrollment/Change, SFN 53504		
• Retiree Continuation of Group Vision Insurance Coverage (COBRA), SFN 53801		
• Retiree Vision Insurance Enrollment/Change, SFN 53505		
• Authorization for Automatic Premium Deduction, SFN 50134		
• UNUM Election for Portable Coverage		
• Continuation of Coverage in Medical Spending Account (COBRA), SFN 53512		
Annual leave/sick leave payout.		
Complete Personnel Action Form (PAF)/SFN 13090, which lists action taken, last date of employment, and reason for separation.		
Notify computer support staff when to terminate ndgov account, PeopleSoft and other system IDs, and email; remove or change public drive and clean hard drive if necessary.		
Obtain access card/keys, ID, business cards, credit cards, phone card, uniforms, laptop computer, cell phone, and other state property in employee's possession.		
Ask employee to update supervisor on status of projects/tasks.		
Complete inventory check of employee's workstation. Determine if computer access codes or passwords need to be changed.		
Complete termination questionnaire. (optional)		
Organize employee's personnel file and retain for six years after last action.		

Other	Initials	Date

Employee Signature

Date

Supervisor Signature

Date