**TERMINATION CHECKLIST**

**TO BE COMPLETED BY MANAGER:**

|  |  |
| --- | --- |
| NAME: |   |
| EMPLOYEE NO: |   |
| IDENTITY NO: |   |
| DEPARTMENT: |   |
| BRANCH: |   |
| COST CENTRE: |   |
| MANAGER/SUPERVISOR: |   |
| DATE JOINED: |   |
| DATE TERMINATED EMPLOYMENT: |   |

**ITEM SERIAL NUMBER YES NO**

|  |  |  |  |
| --- | --- | --- | --- |
| Access Tag |   |   |   |
| Desktop Computer |   |   |   |
| Notebook |   |   |   |
| Printer |   |   |   |
| Petrol Card |   |   |   |
| Parking Bay/Tag |   |   |   |
| Office Keys |   |   |   |
| Credenza Keys |   |   |   |
| Other (specify) |   |   |   |
| **I.T. Department** |   |   |   |
| Remove from Domain |   |   |   |
| Telephone Ext. Deleted |   |   |   |
|   |   |   |   |
| **Group HR: Employee Benefits** |   |   |   |
| Certificate of Service issued |   |   |   |
| Payroll Termination Completed |   |   |   |
| Study Loan |   |   |   |
| Housing Loan |   |   |   |
| Medical Aid |   |   |   |
| Other: |   |   |   |

|  |
| --- |
| **Signatures** |
|  Employee Signature |   |  Date |   |
|  Manager Signature |   |  Date |   |
|  IT Department |   |  Date |   |
|  HR Department |   |  Date |  |