**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 |  |