

SUPERVISOR CHECKLIST FOR ENDING EMPLOYMENT

District 625 360 Colborne Street Saint Paul, MN 55102-3299 Human Resource Department Telephone: (651) 767-8200 Fax: (651) 665-0269

Web site: http://hr.spps.org/supervisors

AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

The purpose of this checklist is to assist supervisors with important steps to be completed when a person's employment with the District is ended. Please complete the following and return to the Human Resource Department's Compensation Unit.					
Employ	vee ID	Employee Name		Loc	eation
INSTR	UCTIONS:				
		ollowing items are	complete before the e	employee's last day	of employment:
	Submit the employee's written resignation to the <u>Human Resource Department</u> immediately upon notification using the Resignation Form available on the HR Web site at: http://hr.spps.org/forms@x]. The employee's forwarding address should be included on the form.				
	In the event that you are discharging an employee, please contact the <u>Human Resource Department</u> to ensure proper procedures are followed.				
	Cancel or modify access to software applications, network access and email by contacting the <u>Director of Educational Technology</u> at (651) 603-4925.				
	Deactivate or forward voicemail and cancel long distance service by contacting <u>Facility Planning</u> at (651) 767-3400.				
	Remove the employee from the authorized signature list(s), where applicable.				
	Ensure that District property has been returned:				
	Keys Pagers Other ed	Uniforms ID Badge quipment or prope	Credit Cards Resource Book		Cell Phone
	Obtain the following before the last day of work.				
	☐ Completed final timecard(s) ☐ Voicemail and/or computer access codes				
	Refer employee to the on-line Exit Interview at: http://hr.spps.org/exit intervi^				
Superv	isor Signatur	<u> </u>		Date	