

EXIT CHECKLIST



CATHOLIC ARCHDIOCESE OF MELBOURNE

Part 1 – To be completed by the Agency Head

STAFF MEMBER NAME:	POSITION:
AGENCY:	EXIT DATE:

LOCATION: <input type="checkbox"/> 383ALB, <input type="checkbox"/> 390ALB, <input type="checkbox"/> 278VIC, <input type="checkbox"/> 486ALB, <input type="checkbox"/> CATHEDRAL <input type="checkbox"/> Other please specify _____	
KEYS /PASSES TO RETURN	RECEIVED BY / DATE TO BE RECEIVED
Building Access: <input type="checkbox"/> Keys (specify) <input type="checkbox"/> Security Pass Other building location keys /passes? _____	
Car parking: Did employee have car parking? <input type="checkbox"/> Yes / <input type="checkbox"/> No If 'Yes', Vehicle registration and/or parking space number _____	
<input type="checkbox"/> OfficeMax Account	
CAM DIRECTORY / PHONE UPDATE REQUIRED	
Email address <input type="checkbox"/> Remove Email from CAM address book <input type="checkbox"/> Remove Email from Team/Department/Agency distribution list	
<input type="checkbox"/> PC and Internet access	
<input type="checkbox"/> Remove any drive/folder accesses (Please mention the details below) _____	
<input type="checkbox"/> Telephone	
ITEM TO RETURN	RECEIVED BY / DATE TO BE RECEIVED
<input type="checkbox"/> Work mobile phone	

<input type="checkbox"/> Work laptop	
<input type="checkbox"/> Credit Card	
<input type="checkbox"/> Facility work vehicle	
<input type="checkbox"/> Motor Pass Card	
<input type="checkbox"/> E-tag	

Additional Information:

Signature of Agency Head:

Name and Office

Date:

When Part 1 is completed and signed, return to the HR Office

Part 2 – To be completed by the HR office

Human Resources Office

Approved / Not Approved:

Signature:

Date:

HR to forward to Service Departments

Part 3 – To be completed by service departments - Finance, Facilities, Information Technology

Action complete

Signature:

Name and Office

Date:

Return to the HR office