THE UNIVERSITY OF NORTH CAROLINA SYSTEM

UNC System Office
Offboarding Checklist for Managers

Manager: Please use this checklist as a guide when an employee leaves employment for any reason (i.e., resignation, termination, agency transfer, retirement, etc.). Completing this checklist in a timely manner will help ensure that the employee is properly removed from employment systems, knowledge is transferred, and collection of System Office property.

I. EMPLOYEE INFORMATION

Employee Name:		**Employee PID:**	
Last Date Worked:		**Division/Dept:**	

II. ACTIONS TO COMPLETE PRIOR TO LAST DAY

☐ Completed		Verify no outstanding travel advance and/or credit card balances, no outstanding reimbursements
☐ Completed	☐ N/A *(temp/contractor)*	Confirm with HR benefits employee has received their benefits information
☐ Completed	☐ N/A *(not SHRA)*	Complete performance appraisal and summary performance rating for current work plan **(only for SHRA employees transferring within State government)**
☐ Completed		Confirm work products/deliverables received and information is transferred from departing employee on any outstanding projects or deliverables to team or manager
☐ Completed	☐ N/A *(access not needed)*	Notify IT if access to employee's email or any of the employee's system files are needed
☐ Completed	☐ N/A *(temp/contractor)*	Employee offered opportunity for exit interview with System Office Human Resources
☐ Completed		Notify team of employee's departure

III. ACTIONS TO COMPLETE ON LAST DAY

☐ Completed		Employee's final timesheet/leave report completed and approved in TIM
☐ Completed	☐ N/A *(no equipment to return)*	Laptop and any other System Office-provided IT equipment collected & returned to IT
☐ Completed		Building access card collected and returned to HR
☐ Completed	☐ N/A *(no parking issued)*	Parking access card collected and returned to HR (if any)
☐ Completed	☐ N/A	System Office cell phone, P-card, or other University property collected and returned (if any)
☐ Completed	☐ N/A	Desk/office keys collected (if any)

IV. SUPERVISOR SIGNATURE

Supervisor Name:			
Supervisor Signature:		**Date:**	