

## Yosemite Community College District Human Resources

## SEPARATION OF EMPLOYMENT CHECKLIST

To be completed during the last	month of employment and return to H	uman Resources:	
Employee Name:		ID#: Intended Last Date of Work:	
Department:	Intended Las		
Type of separation:			
Resignation	Retirement	Termination	
Medical/39 Month	Adjunct Assignment ended *Will not be returning for more than 2 (two) Semesters	Other:	
Returned YCCD Property:			
Yes No N/A	Yes No N	/A	
Keys		Parking Permit (if not purchased in full)	
Uniform		Technological Devices (Laptop, I-Pad, etc)	
Badge/ID		Dept. Specific Equipment	
Employee has:			
Yes No N/A			
	of Resignation or Retirement Form in Et	rieve	
Submit Final Ab	osence Forms (If Needed)		
	vertime (OT) Forms (If Needed)		
	l Pay Claim (If Needed)		
_	rades (Faculty Only)		
	• • • • • • • • • • • • • • • • • • • •	o longer have access to StaffNet once separated)	
	lectronic Consent on StaffNet (W-2 will ent/forwarding address & phone number v	,	
(To complete a Ch	ange of Address Form - http://www.yosemite.ed	lu/hr/hr_operations_page_forms/Change-Address-Name.pdf)	
Please explain any 'No' checkman	rks or other pertinent details:		
For Department Use Only:			
	Mag NI NI	Α.	
Yes No N/A End Network	Yes No N/	End E-Mail (Retirees will maintain email	
		account/access)	
End Voiceman	il		
Employee Signature:		Date:	
Managar/Division Doon		Data	
manager/Division Dean.		Date:	