

Ohio Department of Medicaid  
**EXIT INFORMATION CHECKLIST**

**1. EMPLOYEE INFORMATION** *(Please Print)*

Name	Employee ID
Classification	Separation Date <i>(Last Day of Work)</i>
Office/Bureau/Section	Supervisor
Telephone No. <i>(Work)</i>	Telephone No. <i>(Home)</i>

**2. WORK ASSIGNMENTS IN PROCESS**

<i>Work Assignments/Projects</i>	<i>Due Date/Location of Files</i>
Employees responsible for management of staff, who travel shall review any travel requests submitted for approval prior to separation.	

**3. DEPARTURE CHECKLIST**

<i>This checklist is provided to assist in your departure.</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
Have you contacted Employee Services regarding your benefits? <i>(eg, health, dental, vision, &amp; life ins.)</i> <small>Note: Insurance coverage will terminate at the end of the month in which you separate from state services</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed the Payroll Closure Form? <span style="float: right;"><i>(If transferring this form is N/A)</i></span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed the Leave Conversion/Restoration Form? <span style="float: right;"><i>(If transferring this form is N/A)</i></span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you contacted the Public Employees Retirement System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you contacted Deferred Compensation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you contacted the Credit Union?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you turned in all your manuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you turned in your computer media to your supervisor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you copied information from your computer for new users?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you required to complete a Financial Disclosure? (If yes, read Item H under Procedures in Exit Process IPP [5002] and refer to the following website for important information: <a href="http://www.jlec-olig.state.oh.us/">http://www.jlec-olig.state.oh.us/.</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. STATE PROPERTY (\*Items of Value)** Please discuss any discrepancies immediately and return all listed property to your supervisor prior to your separation.

	<i>Keys</i>	<i>Return To</i>	<i>Supervisor Comments</i>
	Office keys, including file keys Location:		
*	Vehicle keys: Which vehicle?		
	<i>IDs and Passes</i>	<i>Return To</i>	<i>Supervisor Comments</i>
	Parking Pass	OEBS/Asst Deputy Director	
	State Issued ID Card	OCI/Security	
	Building Pass(es): Which building(s)?	OCI/Security	

	<i>Credit Cards</i>	<i>Return To</i>	<i>Supervisor Comments</i>
*	State Payment Credit Card	OFS/Accounting	
	Other (specify):		
	<i>Small Equipment</i>		
*	Pager: Number:	Office Deputy Director	
*	Camera		
*	Cellular Phone / Blackberry Number:	IS-Telecom Operations Mgmt	
	Misc. - Calculator / Tape Recorder, etc.		
	<i>Computer Equipment</i>		
*	CPU		
*	Laptop		
	Backup Drives		
*	Monitor		
*	Scanner		
*	Printer		
	The supervisor shall notify Information Services (please see IPP 3927 Computer System Access Termination) of separation to ensure access to computer systems is removed.		
<input type="checkbox"/>	<i>Other (attach additional sheet, if needed)</i>		

**5. Employee Acknowledgment:**

I have reviewed this form with my supervisor and returned requested items in my possession. <i>(Signature)</i>	Date
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**6. Supervisor Action:**

I have reviewed this form with the employee. <i>(Signature)</i>	Date
<b>Provide a copy of the completed checklist to employee and send completed forms (Checklist, Payroll Closure Form, and Sick Leave Conversion Form) to: Ohio Department of Medicaid, Attn: Human Resources Payroll/Benefits P.O. Box 182790 Columbus, Ohio 43218-2709. Supervisor may also scan completed forms and send to the following e-mail address: MCD.Payroll_Benefits@medicaid.ohio.gov or fax completed forms to 614-995-1309.</b> <i>NOTE: In cases where items of value (*) are not returned, contact the Office of Chief Inspector immediately.</i>	

**7. Bureau of Employee Services**

Exit Information Checklist, Payroll Closure Form & Sick Leave Conversion Form received by: <i>(Signature)</i>	Date
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In absence of the employee completing the exit checklist, Employee Services has contacted the following areas to complete the exit process.

<input type="checkbox"/> TimeKeep <input type="checkbox"/> Payroll ( <i>Payroll Closure/ Sick Leave</i> ) <input type="checkbox"/> Information Systems ( <i>Computer Access</i> ) <input type="checkbox"/> Security ( <i>ID Badge</i> )
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