

# Termination / Resignation Checklist

Employee Name: Cledwyn Mutohora Employee Code: 152  
 Department: SD&LP Signature: [Signature]  
 Position: Performance Reporting, systems and Data Management Practitioner  
 Last day of work: 30/01/2023

## A. LINE MANAGER

Hand over done	yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Comments: \_\_\_\_\_  
 Name: M. Mkelbindi Signature (Line Manager): [Signature] Date: 30/01/2023

## B. Human Resource Department

	Yes	No
HR notified of upcoming termination	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled access to VIP system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled access to ESS system	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comment: \_\_\_\_\_  
 Name: M. Pignatari Position: PAYROLL ADMINISTRATOR  
 Signature: [Signature] Date: 30/1/2023

## C. IT Department

Assets Returned	Yes	No
Laptop / PC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laptop Bag	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Charger	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3G	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The above equipment received in working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Access Information: Remove employee's name from	Yes	No
Disable user account	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E mail group lists	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Distribution lists	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Active Directory	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SMS / Indicium	<input type="checkbox"/>	<input type="checkbox"/>
JDE / AX	<input type="checkbox"/>	<input type="checkbox"/>
Flow Centric	<input type="checkbox"/>	<input type="checkbox"/>
ERMS	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
 Name: SHIVURISO Position: ASSISTANT ADMIN  
 Signature: [Signature] Date: 06/02/2023

## D. Finance Department

Comments: \_\_\_\_\_  
 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_