

Termination / Resignation Checklist

Employee Name: <u>ASAWOA KOTYANA</u>	Employee Code: _____
Department: <u>Taxi</u>	Signature: <u>[Signature]</u>
Position: <u>Assistant CA</u>	
Last day of work: <u>31/03/2021</u>	

A: Human Resource Department

Yes / No

HR notified of upcoming termination

Disabled access to VIP system

Disabled access to ESS system

Comments: _____

Name: _____ Signature (Management): _____ Date: _____

B: IT Department

Assets Returned:

Yes / No

Laptop / PC

Laptop Bag

Charger

3G

Was the above equipment received in working order:

X	
X	
X	

Access Information: Remove employee's name from:

Yes / No

Disable user account

E mail group lists

Distribution lists

Yes / No

Active Directory

SMS / Indiciun

JDE / AX

Flow Centric

ERMS

Name: _____ Signature (Management): _____ Date: _____

C: Finance Department

Comments: _____

Name: _____ Signature (Management): _____ Date: _____