

EMPLOYEE OFFBOARDING CHECKLIST

HUMAN RESOURCES DEPARTMENT

NAME					DATE ACCOMPLISHED	
POSITION						
		EMPLOYEE ENDORSEMENT		R	EMARKS	VERIFIED BY
1.	COMPAI	NY ID:				
2.	2. COMPANY UNIFORM/S: If Applicable					
3.	3. COMPANY PHONE: If Applicable					
	PASSWORD:					
4.	4. COMPANY SIM CARD: If Applicable					
5.	5. COMPANY LAPTOP:					
	PASSWORD:					
6.	COMPANY EMAIL ADDRESS:					
	USI	ERNAME:				
	PAS	SSWORD:				
7.	COMPA	NY FACEBOOK/MESSENGER ACCOUNT:				
	USI	ERNAME:				
	PAS	SSWORD:				
8.	BMI SYSTEM ACCOUNT					
	USE	ERNAME:				
	PASSWORD:					
9.	DEPARTMENT TURNOVER NOTES:					
10.	TOOLS/TABLETS:					
11.	ISSUED VEHICLE:					
12.	12. FLEET CARD/ RFID:					
13. OTHER/S:						
• DOCUMENTS:						
ACCOUNTABILITIES:						
ENDORSED BY				CHECK AND VER	RIFIED BY	
Employee's Signature (Signature over Printed Name)				HR Department (Signature over Printed Name)		
DATE SIGNED:				DATE SIGNED:		

BMI-FORM-HRD-026

Note: Attached the accountabilities Form