|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TERMINATION OF EMPLOYMENT CHECKLIST** | | | | | | | | |  |
| **NAME:** | |  | **EMPLOYEE NO.** | |  | | | | |
| **REASON FOR LEAVING:** | |  | **LAST DAY OF EMPLOYMENT:** | |  | | | | |
| **COMMENCED EMPLOYMENT:** | |  | **LAST DAY OF ACTUAL DUTY:** | |  | | | | |
| **CONTACT DETAILS:** | | **Tel:** | **Address in UAE:** | |  | | | | |
| **Email:** |
| **ITEMS TO BE RETURNED** | | | **DEPARTMENT** | **QTY ISSUED** | | **QTY RETURNED** | **INITIALS** | **COMMENTS** | |
| NA ID C | | | HR |  | |  |  |  | |
| AUH / ADA Pass | | | HR |  | |  |  |  | |
| AUH / MOPA Pass | | | HR |  | |  |  |  | |
| CICPA Pass | | | HR |  | |  |  |  | |
| GHQ Pass | | | HR |  | |  |  |  | |
| HEMS (ADA) / Optima Pass | | | HR |  | |  |  |  | |
| Fazaa Card | | | HR |  | |  |  |  | |
| Health Insurance Card | | | HR |  | |  |  |  | |
| DOH / MOH License | | | HR |  | |  |  |  | |
| Emirates / UAE ID | | | HR |  | |  |  |  | |
| Laptop | | | IT |  | |  |  |  | |
| Mobile Phone | | | IT |  | |  |  |  | |
| SIM Card | | | IT |  | |  |  |  | |
| Keys: | Office | | HR / Ops |  | |  |  |  | |
| Cards: | Parking / HQ Access | | HR |  | |  |  |  | |
| Uniforms (Ops clearance form/email from Supply Chain attached) | | | Ops/ Logistics |  | |  |  |  | |
| Medical Equipment | | | Ops/ Logistics |  | |  |  |  | |
| Vehicle (Admin clearance form/e-mail from Fleet attached) | | | Fleet |  | |  |  |  | |
| Outstanding Management Issues *i.e*. Performance Reviews | | | HR |  | |  |  |  | |

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| --- | --- | --- | --- | --- |
| **ITEMS TO BE ACTIONED** |  | **ACTIONED BY** | **DATE** | **COMMENTS** |
| IT to remove from   * SMS Broadcast * Biometrics * Distribution Group | IT |  |  |  |
| Deactivation of Email Account | IT |  |  |  |
| Cancel of SIM and Data Plan | IT |  |  |  |
| Cancel Residence Visa | PR |  |  |  |
| Cancel Emirates ID | PR |  |  |  |
| Cancel Health Insurance | HR |  |  |  |
| Insurance Deduction (if applicable) | HR |  |  |  |
| Cancel DOH License | Licensing & Credentialing |  |  |  |
| Update Traffic Fines Charges | Fleet |  |  |  |
| Update Mobile Usage | IT/Finance |  |  |  |
| Training: Text Book Return | Education |  |  |  |
| Training: Original Certificates | HR |  |  |  |
| Exit Interview (if applicable) | HR |  |  |  |
| Employment Certificate | HR |  |  |  |

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| **FINANCIAL ISSUES** | | **DETAILS** | | **TO BE REPAID OR DEDUCTED FROM PAY** |
| Final Pay Sheet attached | |  | |  |
| Items to be included: | | **Repayment:** | | **Employee to be paid if applicable**: |
|  | | Annual Leave Taken in Advance - | | End of Service Benefit Yes / No |
|  | | Processing costs if leaving company prior to completing probation (including mobile handset allowance) | | Annual Leave Balance – Yes / No |
|  | |  | | Other: |
|  | | Other: | |  |
| **Petty Cash**  **YES** | | **If yes, returned and reconciled**  **YES** | | **Initials/date:** |
|  |  |  |  |  |
| **NO** | | **NO** | | **Comment** |
|  |  |  |  |  |
| **All liabilities cleared:**  **YES** | | **Initials/date**  **Finance Department** | | **Comment** |
|  |  |  | |  |
| **NO** | |  | |  |
|  |  |  | |  |
| **Notify Finance that final payment to be actioned and bank is to be advised that it is a final payment** | | | | **Initials/Date**  **HR Department** |

**National Ambulance administrative action completed:** **Final Payment Agreed:**

………………………………………………………………… Employee Signature:………………………………………

HR & Corporate Services Manager/Head of Emiratization Program

Date: ………………………………. Date: ……………………………