

Exit Checklist Form

(To be completed by resigning employee on last working day)

	ng Manager: Mrunalini Kulkarni Last day of employment: 17/06/2022 ecklist:	
Cn	ecklist:	
1.	Reporting Manager	
Q	Handover completed:	
\square	All hardcopy and softcopy information / source-code held by the employee has been returned: X Yes	No
	Team Member is a Manager – Y/N: Yes X No	_
	Status Change Form for new reporting structure sent – Y/N/NA: Yes No X N/A	_
Ma	nager's Signature: Mrwalini kulkarni Date: 06/12/2022	
	0776E000000 (6.11)	
2.	<u>T</u>	
X	Laptop (Details / Remarks):	_
X	Laptop Accessories (Details / Remarks):	-
	Cell Phone / Mobile Handset (Details / Remarks):	
	Cell Phone / Mobile Accessories (Details / Remarks):	_
	Monitor: (Details / Remarks):	-
X	Keyboard: (Details / Remarks):	-
X	Mouse: (Details / Remarks):	_
X	Docking Station (Details / Remarks):	_
X	Adapter / Charger (Details / Remarks):	_
X	Headset (Details / Remarks):	_
	Any other (specify):	-
	due authorization from IT Support confirmation: X Yes No Date: 07/04/2022	
IT A	Acknowledgement: IT Engineer Name: GTM IT Engineer Name:	-
Co	nments, if any:	-

' <u>-</u> <u> </u>	EID: 7A034BA8-BB46-4CA7-B5FE-237AE427046B	
	card with holder & pulley (Details / Remarks):	_
☐ Dra	wer keys returned (Details / Remarks):	_
☐ Par	king Pass (Details / Remarks):	_
☐ Visi	iting cards – remaining (Details / Remarks):	_
No due	authorization from WPS: X Yes No Date: 07/05/2022	
WPS A	Acknowledgement: WPS - Lu Lia WPS Representative Name: Pallavi	
Comme	5222A5298EE04F9	_
4. Finai	nce	
☐ The	e employee owes no money to the company.	
☐ Joir	ning Bonus recovery: N/A	
	tification Reimbursement recovery: N/A	_
	ocation recovery: N/A	_
	tice Pay buyout recovery: N/A	-
	vel Forex card (Details / Remarks): N/A	_
	dit Card (Details / Remarks): N/A	_
	arance from the finance department	•
	authorization from finance: X Yes No Date: 07/07/2022	-
	DocuSigned by:	_
Finance	Acknowledgment: Finance Representative Name: Priya Jeswani O548504A2DBE474 Finance Representative Name:	
Comme	ents, if any:	-
5. P&C		
	dical insurance cards returned: N/A	-
	t survey completed before employee's departure N/A	-
□ Em	ployee's clearance status from all concerned departments Yes	
No due	authorization from P&C: Docusigned by: Date:	
P&C Ac	knowledgment: feode & Culture India P&C Representative Name: Aditi Srivastava	_
Comme	ents, if any:	_
	DocuSigned by:	
Employ	ee Acknowledgement and Signature: Sukant Kumar Date: 07/08/2022	_
	1724 A/4, ward 19, neaf ^{7E} ਸਿੰਘ Coaching, Hospital More, Biharsharif, nent Address: (Bihar) - 803101	Nala
Permai		-