

UCLA *School of Nursing*
EXIT CHECKLIST

Employee Name	ID Number
Supervisor's Name	Date of Exit

Termination	Transfer	Ending Appointment Within SON Only
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Employee/Department: (If not applicable, please put N/A)

Item	Returned/ Cancelled	Date	Processed By: (Please print)	Signature
Keys				
Security Access/ ID Badge				
UC Property/Items: (Please list)				
Parking Permit / Access Card				

HR Office (2-654 Factor): (If not applicable, please put N/A)

Item	Collected/ Cancelled	Date	Processed By: (Please print)	Signature
EDB Separation				
Final Timesheet (TVP)				
Payroll Deductions (Credit Union, FSA)				
Unemployment Insurance Termination Report (U5602)				
COBRA				
Personal Data Form				
Separation Email Notification (SON DL PA)				
UCLA Directory				
SON Web Roster				