

Diocese of Sacramento — Human Resources Services

SEPARATION CHECKLIST

When an employee leaves employment (voluntary or involuntary) of a parish or school, the following items need to be reviewed and/or completed. The employee and supervisor sign and date this checklist, a copy is provided to the employee and the original is placed in the personnel file.

Employee's Name *(Please Print)*

Employee's Social Security No.

Reason for Change in Status:

- Voluntary
 Layoff
 Involuntary

Parish / School Where Employed *(Please Print)*

DATE	ACTION
_____	Final check, including unused, accrued vacation pay. <i>Please initial that you have processed the termination in ADP:</i> _____.
_____	Personnel Transaction: Termination (PT 200) completed and signed. <i>Please initial that you have processed the termination in RETA:</i> _____.
_____	Provide Summary of Continuation of Benefits (PT 652) to benefit eligible employees only.
_____	Provide Life Conversion <i>(Employee meets one of the following: retiring, or over 70 years old, or is disabled)</i>
_____	Provide Life Portability and Conversion Comparison <i>(Employee meets one of the following: not retiring, or 69 years old or younger, or is not disabled)</i>
_____	Provide Pension Plan Benefit Distribution Process (SACL 200) to benefit eligible employees only. <i>Would the employee like to receive the materials via email</i> <input type="checkbox"/> NO <input type="checkbox"/> YES, <i>please provide legible email address:</i> _____
_____	Provide 403(b) Retirement Plan Distribution Request to benefit eligible employees only.
_____	Provide Retirement Planning Checklist to retirement benefit eligible employees only.
_____	Live Scan Procedures (PT700). <i>Records maintained in the Livescan Database will be terminated immediately.</i>
_____	Keys/card returned
_____	Password - computer/e-mail, telephone/voicemail
_____	Equipment Return (i.e. laptop, cell phone, projector, etc.), if applicable
_____	Credit card returned, if applicable
_____	Personal items removed
_____	Exit Interview
_____	DE 2320 - For Your Benefit - California's Programs for the Unemployed
_____	W-2 address: _____
	Street
	City State Zip

 Employee's Signature Date Supervisor's/Delegate's Signature Date

OFFICE ONLY:
 Copy PT 200 and PT 690 to:
 Human Resources / Lay Personnel
 2110 Broadway
 Sacramento, CA 95818
 Fax: (916) 733-0238