

NRCS EMPLOYEE (**AND** NON-Employees) SEPARATION CHECKLIST

GM_360_422_A - Subpart A - Introduction & Subpart B - Responsibilities

Employee Name: _____ Signature Verifying Completion: _____

Supervisor /POC Name and Phone: _____

Duty Location: _____ Date of Separation: _____

SEPARATION COORDINATORS: Mark all applications that apply and sign off in the appropriate category to ensure that the separating employee has returned equipment, programs and accounts have been disabled or that indebtedness has been addressed.

******(ISSPOC-Arin Nesbitt)**

ITS Access: _____ Date: _____

<input type="checkbox"/> Workstation	<input type="checkbox"/> Special	<input type="checkbox"/> Domain
<input type="checkbox"/> Laptop	<input type="checkbox"/> Hardware/Software	<input type="checkbox"/> Local User
<input type="checkbox"/> Printer	<input type="checkbox"/> Documentation	<input type="checkbox"/> Outlook UGs Updated
	<input type="checkbox"/> E-mail	

ITS (Elevated Access): _____ Date: _____

<input type="checkbox"/> Secure Remote/Firewall Certificate	<input type="checkbox"/> Super User/Admin/Root
<input type="checkbox"/> Database	

******* (DCCACC-HR Chris Bergmann)**

Departmental Computer Center Access: _____ Date: _____

<input type="checkbox"/> NITC	<input type="checkbox"/> NFC	<input type="checkbox"/> FFIS ID/password
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(State GIS/Coordinator)

NRCS Application Access: _____ Date: _____

<input type="checkbox"/> WebTrends	<input type="checkbox"/> Customer Service Toolkit
<input type="checkbox"/> WebMaster/Web Author	<input type="checkbox"/> CodeBeamer
<input type="checkbox"/> Affiliates Application	<input type="checkbox"/> Sharepoint
<input type="checkbox"/> SCIMS	Name of Site: _____
<input type="checkbox"/> ProTracks/Fund Manager	
<input type="checkbox"/> Other: _____	

******* (ISSPOC-Arin Nesbitt)**

Other Access: _____ Date: _____

<input type="checkbox"/> eAuthentication (Non-Federal Only)	<input type="checkbox"/> Toolkit	<input type="checkbox"/> Protracts	<input type="checkbox"/> AgLearn (Non-Federal Only)	<input type="checkbox"/> Affiliates Application
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(HR-HRO)

Telecommuting/Work at home : _____ Date: _____

Home Address: _____

<input type="checkbox"/> DSL/Network Service	<input type="checkbox"/> Government Furniture	<input type="checkbox"/> Remote Laptop
<input type="checkbox"/> Special Software	<input type="checkbox"/> Remote Phone Line	<input type="checkbox"/> Remote Printer
<input type="checkbox"/> Special Hardware	<input type="checkbox"/> Remote Fax Line	<input type="checkbox"/> Remote Fax

Telecom Staff: _____ **Date:** _____

<input type="checkbox"/> Disable Phone	<input type="checkbox"/> Blackberry/Accessories	<input type="checkbox"/> Calling card
<input type="checkbox"/> Disable Voice Mail	<input type="checkbox"/> PDA/Accessories	<input type="checkbox"/> Instant Meeting(Conf Call)
<input type="checkbox"/> Cell Phone/Accessories	<input type="checkbox"/> Broad Band Card	<input type="checkbox"/> GETS Card

****Financial Mgmt Staff (Mary Goode):** _____ **Date:** _____

<input type="checkbox"/> Fleet Credit Card	<input type="checkbox"/> CPAIS	<input type="checkbox"/> Outstanding Travel Balance
<input type="checkbox"/> Central Supply Card	<input type="checkbox"/> Purchase Card (PCMS)	<input type="checkbox"/> Relocation Outstanding
<input type="checkbox"/> GSAXcess	<input type="checkbox"/> Travel Card	<input type="checkbox"/> Last Timesheet Submitted

****Human Resources Specialist:** _____ **Date:** _____

<input type="checkbox"/> Transit Benefits Return	<input type="checkbox"/> Post Employment Restriction	<input type="checkbox"/> Performance File Close out
<input type="checkbox"/> SLR Service Agreement	<input type="checkbox"/> Civil Rights Exit Interview	<input type="checkbox"/> NEIS
<input type="checkbox"/> Recruit Service Agreement	<input type="checkbox"/> National Security Debrief	<input type="checkbox"/> (Non-Federal Only)
<input type="checkbox"/> Other Service Agreement	<input type="checkbox"/> SF-52 Initiated	<input type="checkbox"/> LINC PASS
<input type="checkbox"/> Other Indebtedness		

(Supervisor** collect applicable items and return highlighted items to HR)**

Facility: _____ **Date:** _____

<input type="checkbox"/> Badge/ HS-PD12 Card	<input type="checkbox"/> Parking Permit	
<input type="checkbox"/> Key (Room & Shelf/Drawer)	<input type="checkbox"/> Purchase Card (PCMS)	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Travel Card	

Records Management: _____ **Date:** _____

Security Clearance Exit interview was signed: Yes _____ No _____ N/A _____

Employees Only: (Not contractors, partners or volunteers)

Complete web based exit survey (<https://www.surveymonkey.com/s/MCW6WKD>)

Initial when complete _____

Completed form is to be returned to the supervisor or contract officer

- **Supervisor** to route employees forms to Human Resources
- **Contract Officer** to route non-employee forms to Information Systems Security Point of Contract

FAILURE TO COMPLETE THIS FORM PRIOR TO SEPARATION MAY DELAY FINAL SALARY PAYMENT.