

State of Iowa Employee Separation Checklist

Employee's Name: _____

Location (Building & City): _____

Agency Name: _____

Payroll Number (18 digits): _____

Classification: _____

Effective Date: _____

Type of Termination (Resignation, Retirement, Disability, Layoff, Disciplinary or Death): _____

Activity	Resignation, Layoff or Disciplinary			Retirement			Disability			Death		
	N/A	To Do	Done	N/A	To Do	Done	N/A	To Do	Done	N/A	To Do	Done
Separation Letter		X			X			X		X		
Notice of Retirement Beneficial for department to receive notification 30 to 60 days in advance to ensure:												
1. Timely receipt of the years of service certificate from the Governor.					X			X				
2. IPERS is notified by the employee for refund purposes (IPERS Refund Application Form).					X			X				
3. Employee's portion of IPERS Retirement Application (employer and employee).					X			X				
4. Up to \$2,000 sick leave payment and SLIP forms if applicable (employee must file for IPERS benefit IMMEDIATELY to receive). NOTE: SPOC-covered employees convert unused sick leave to pay monthly health and/or life insurance premiums.					X							
Collect:												
1. Access Cards (building and parking)		X			X			X			X	
2. After Hours Building Pass		X			X			X			X	
3. Keys (building, equipment, etc.)		X			X			X			X	
4. Credit Cards (ICN Calling Card, gas, American Express, etc.)		X			X			X			X	
5. State Identification Cards (includes photo ID, etc.)		X			X			X			X	
6. Equipment (tools, uniforms, etc.)		X			X			X			X	
7. Supplies (books, files, manuals, etc.)		X			X			X			X	
Terminate Computer Access IDs.		X			X			X			X	
Conduct an Exit Performance Evaluation (optional).		X			X			X		X		

Activity	Resignation, Layoff or Disciplinary			Retirement			Disability			Death		
	N/A	To Do	Done	N/A	To Do	Done	N/A	To Do	Done	N/A	To Do	Done
Conduct an Exit Interview.		X			X			X		X		
Prepare Electronic P-1 or paper P-9 (termination, vacation payout, sick leave for retirement only, stop health & dental, etc.).		X			X			X			X	
Benefits will stop via payroll deduction. Discuss continuation of insurance coverage provisions and required forms based on the reason for separation and provide a certificate of creditable coverage for health.												
1. Health Insurance		X			X			X			X	
2. Dental Insurance		X			X			X			X	
3. Life Insurance (conversion or portability to own policy)		X			X			X			X	
4. Long Term Disability Insurance (no conversion)		X			X			X			X	
5. Continuation of insurance coverage, provisions & required forms		X			X			X			X	
6. Certificate of Creditable Coverages		X			X			X			X	
7. COBRA		X						X			X	
Obtain an original copy of the Death Certificate (process life insurance claim).	X			X			X				X	
Benefits will stop via payroll deduction. The employee may be required to complete additional forms.												
1. Deferred Compensation <input type="radio"/> 5. Dependent Care <input type="radio"/> 2. Tax Sheltered Annuity <input type="radio"/> 6. Miscellaneous Insurance <input type="radio"/> (Education Only) (cancer, whole life, etc.) 3. Savings Bonds <input type="radio"/> 7. Union Dues <input type="radio"/> 4. Credit Union <input type="radio"/>		X			X			X				
Change W-4 forms when appropriate (optional for final paycheck).		X			X			X				
Maintain accurate mailing address for employee newsletter (optional) and for W-2 form (provide address change form).		X			X			X		X		

Send follow-up Exit Interview Questionnaire, Part II, to former employee 30 days following separation with a stamped, self-addressed return envelope.

(Employee's or Family Member's Signature)

(Date)

(Personnel Assistant's Signature)

(Date)