



# Department of Human Resources

## Separation Checklist

Name:	Separation Date:
Department:	Position:

**THIS FORM MUST BE COMPLETED BY THE APPROPRIATE PERSONNEL IN EACH DEPARTMENT BELOW PRIOR TO YOUR SEPARATION MEETING WITH HUMAN RESOURCES.**

### YOUR DEPARTMENT

- a) Equipment (phone, laptop, accessories, etc.) .....  Yes  N/A
- b) Key/s, Badge (SIDA), Parking Pass .....  Yes  N/A
- c) Uniforms .....  Yes  N/A
- d) Email and Computer Access Given to Supervisor .....  Yes  N/A
- e) Out of Office Email and Voicemail .....  Yes  N/A

Department Representative: \_\_\_\_\_ Initial: \_\_\_\_\_

### PROCUREMENT DEPARTMENT (760-322-8336)

- a) Procurement Purchase Card with receipts .....  Yes  N/A

Department Representative: \_\_\_\_\_ Initial: \_\_\_\_\_

### FINANCE DEPARTMENT (payroll@palmspringsca.gov)

- a) Deferred Compensation Review .....  Yes  N/A
- b) Final Paycheck .....  Yes  N/A
  - W2 Options.....  Yes  N/A
  - Final Paycheck Distribution.....  Yes  N/A

**If you currently receive a live check, please select designation below:**

- Hold for me to collect  Mail to address on file

Finance Representative: \_\_\_\_\_ Initial: \_\_\_\_\_

### CITY CLERK (760-323-8204)

- a) Conflict of Interest Statement.....  Yes  N/A

City Clerk Representative: \_\_\_\_\_ Initial: \_\_\_\_\_

### HUMAN RESOURCES (760-323-8215)

- a) Updated Personal Information Form attached.....  Yes  N/A

### EMPLOYEE CERTIFICATION

I have met with all the departments above and understand my final paycheck will be processed with the current information on file on the next regularly scheduled City pay date after my last day of employment. I also agree that I have returned all City property to the appropriate area.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date