

## 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
<b>Separation Letter</b>		X			X			X		X		
<b>Notice of Retirement</b> 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 <b>IMMEDIATELY</b> to receive). NOTE: SPOC-covered employees convert unused sick leave to pay monthly health and/or life insurance premiums.					X							
<b>Collect:</b>												
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	
<b>Terminate Computer Access IDs.</b>		X			X			X			X	
<b>Conduct an Exit Performance Evaluation (optional).</b>		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
<b>Conduct an Exit Interview.</b>		X			X			X		X		
<b>Prepare Electronic P-1 or paper P-9 (termination, vacation payout, sick leave for retirement only, stop health &amp; dental, etc.).</b>		X			X			X			X	
<b>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.</b>												
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	
<b>Obtain an original copy of the Death Certificate (process life insurance claim).</b>	X			X			X				X	
<b>Benefits will stop via payroll deduction. The employee may be required to complete additional forms.</b>												
1. Deferred Compensation <input type="radio"/> 5. Dependent Care <input type="radio"/>		X			X			X				
2. Tax Sheltered Annuity <input type="radio"/> (Education Only)												
3. Savings Bonds <input type="radio"/>												
4. Credit Union <input type="radio"/>												
6. Miscellaneous Insurance (cancer, whole life, etc.) <input type="radio"/>												
7. Union Dues <input type="radio"/>												
<b>Change W-4 forms when appropriate (optional for final paycheck).</b>		X			X			X				
<b>Maintain accurate mailing address for employee newsletter (optional) and for W-2 form (provide address change form).</b>		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)