TERMINATION OR TRANSFER CHECKLIST

Staff Member Name ____________________________

Effective Date ________________________________

Current Department __________________________________________________________________________

Transfer    Termination

Forwarding/Department Address ________________________________________________________________

Termination
Manager is responsible for: Provide forwarding address
Cancel computer access codes
Obtain forwarding address
Remove mailbox/locker/email
Process termination iForm
Open requisition for replacement
Remind staff member to wipe clean and remove any patient photos, images or Duke information from personal devices (cell phones, laptops, etc.)
Ensure DHTS or OIT has wiped clean or disposed of Duke devices following Duke policy

Staff Member is responsible for:

Transfer
Manager is responsible for: Schedule performance evaluation with manager/supervisor
Cancel computer access codes
Obtain forwarding address
Remove mailbox/locker/email
Complete performance evaluation with staff member
Open requisition in iForms for replacement supervisor
Forward personnel file and education record to new department
Remind staff member to wipe clean and remove any patient photos, images and Duke information from personal devices (cell phones, laptops, etc.)
Ensure DHTS or OIT has wiped clean or disposed of Duke devices following Duke policy

Staff Member is responsible for:

Property to be returned by staff member for Termination and Transfer:

- ID or Badge
- Locator/Composer Badge
- Parking Permit
- Library book/Fees Paid
- Office files and Duke documents (paper and electronic)
- Car and Keys
- Uniforms/Career Apparel
- Security Card (Operating Room)
- Procurement Card/Telephone Calling Card/Telephone access code
- Laptop computer equipment
- Office/desk keys
- PDAs (e.g. Palm Pilot, Blackberry, Smartphone, IPhone)
- Pager and number
- Cell phone and number
- Safety equipment (eyeglasses, hard hat, etc.)
- Dictation equipment
- Duke purchased mobile devices e.g. CDs, DVDs, thumb drives

Manager Signature and Date ____________________________________________

Employee Signature and Date ____________________________________________