

Wood County Educational Service Center
Employee Separation Check List

Employee Name: _____

Date: _____

Upon the tenure of my resignation from Wood County ESC, I was advised of the following items:

Verified by Supervisor

- _____ My last pay will be deposited on _____.
- _____ My final check will be for _____ days.
- _____ Accumulated sick leave is _____ days.
- _____ Accumulated vacation leave, if applicable, is _____ days. This will be paid by _____.
- _____ Termination date of medical & dental insurance (if applicable) is _____.
COBRA information and HIPAA certificate of creditable coverage will be mailed to employee.
- _____ Life insurance ends _____. Information concerning the conversion option can be obtained by calling 800-553-5318 **within 30 days** after termination date.
- _____ Procedures for applying for a refund of employee's portion of S.E.R.S./S.T.R.S. contributions may be obtained by calling 866-280-7377 (SERS) or 888-227-7877 (STRS).
- _____ My final travel expense reimbursement request has been turned in to my supervisor (if applicable).
- _____ All keys (outside, inside, work station) that are the property of WCESC have been returned (if applicable).
- _____ WCESC credit card and/or cell phone, have been returned (if applicable).
- _____ Inventory list has been verified and submitted to Treasurer's Office.
- _____ Laptop computer and/or iPad, and/or ESC portable storage devices (flash drives, etc.) returned to Technology Department (if applicable).
- _____ Hard Drive password protection turned off and/or returned to Technology Department.
- _____ Data files, written as part of the employment, were left on the computer hard drive (if applicable).
(Any passwords associated with devices need to be surrendered)

Employee Section

- _____ I addressed my resignation to the WCESC and indicated the effective date of the resignation.
- _____ I will notify the WCESC Treasurer if my address changes.
This information will be used to mail your W-2 in January of the effective year.
- _____ All materials or documents (I.D. badge, etc.) in my possession, either at the office or at my residence that are the property of the WCESC, have been returned.
- _____ I have completed the **Verification Form for Educators Leaving an LPDC** (if applicable).
- _____ I have changed the password on my telephone to the extension number (if applicable).

Resigning Employee

Date

WCESC Superintendent

Date

This form must be completed and submitted to the Superintendent before the last direct deposit or paycheck is released.