

EMPLOYEE/CONTRACTOR EXIT CHECKLIST

Name: \*\*\*\*\* Employee Number: \*\*\*\*\*  
 Job Title/  
 Class Code: \*\*\*\*\* Separation/Resignation Date: \*\*\*\*\*  
 School/Office: \*\*\*\*\* Location Code: \*\*\*\*\*  
 Classroom/Cube/  
 Office Number: \*\*\*\*\* Home Phone Number: \*\*\*\*\*

ITEM	DATE RETURNED (or cancelled)	NOT RETURNED	N/A	VERIFIED BY (Name)
Completed/Submitted Resignation Form*	*****	*****	*	*****
Employee I. D.	*****	*****	*	*****
Building Access Badges/Hanging Parking Pass	*****	*****	*	*****
District Vehicle and Car Keys	*****	*****	*	*****
Gasoline Credit Card or Key Card	*****	*****	*	*****
Close imprest account (Administrators)	*****	*****	*	*****
Cell Phone: ( ) _____ - _____ Accessories including headset, charger, etc.	*****	*****	*	*****
CISCO (or other) IP Phone	*****	*****	*	*****
Procurement (P) Card	*****	*****	*	*****
All School/Office/ Bldg./Gate Keys	*****	*****	*	*****
Workstation/File Cabinet Keys	*****	*****	*	*****
Calculator/Adding Machine	*****	*****	*	*****
Personal Digital Asst.	*****	*****	*	*****
IPad/Laptop/Computer/ Docking Station/Printer	*****	*****	*	*****
Desktop Software (programs)	*****	*****	*	*****
LAUSD Files/ Proprietary Info or Data	*****	*****	*	*****
Tools/Equipment	*****	*****	*	*****

Books, Resource Materials, Manuals

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REF-1939.2

October 12, 2015

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ATTACHMENT A

<b>ITEM</b>	<b>DATE RETURNED</b> (or canceled)	<b>NOT RETURNED</b>	<b>N/A</b>	<b>VERIFIED BY</b> (Name)
Rolling Luggage Cart	*****	*****	*	*****
Camera	*****	*****	*	*****
Video Camera	*****	*****	*	*****
Other Equipment (Specify)	*****	*****	*	*****
Uniform/Smock	*****	*****	*	*****
Other Clothing	*****	*****	*	*****
Other:	*****	*****	*	*****

**Important Employee Information:** If you change your address or telephone number, you must update your information on the Employee Self Service Portal at <https://selfservice.lausd.net/irj/portal> or notify the Employee Service Center at (213) 241-6670. You should also notify CalPERS or CalSTRS as applicable.

*I certify that all property of the Los Angeles Unified School District has been returned.*

SIGNATURE: \_\_\_\_\_

DATE:

\_\_\_\_\_  
(Employee or Contractor)

REVIEWED BY: \_\_\_\_\_

DATE:

\_\_\_\_\_  
Site Administrator

When completed, retain this form at the work location.