Supervisor's Check List

Completed by: Supervisor/Manager	Date:
Notice to Starnet Coordinator completed and sent	Date:
Forms forwarded to Payroll Unit	Date:
Agency Human Resources Manager notified (Exit Interview)	Date:
Notice to Human Resources Benefit Section (e-mail to Marilyn Nother)	Date:
Password Revocation Form Completed	Date:
Employee Security Control Form Completed	Date:
Notice of Separation Completed	Date:
Resignation Letter Received	Date:

City of Richmond



Employee Security Control Form

Employee Name:		Soc. Sec. No.:	
			·.
Division:			
City Property Issued	Date Issued	Date Returned	Employee's Initials
City of Richmond Identification		·	
Keys (Desk, Office, Building, Files, etc.)			
Department Manuals/Books			
Laptop computer			
Cellular Telephones			
Pager			
Automobile			
Uniforms			
Work Tools/Equipment			
Calculator			-
Computer Equipment			
Employee Departmental ID Badge			
Other:		<u> </u>	
Other:			
Other:			
Forwarding Address:			
			·
		·	

CITY OF RICHMOND



PASSWORD REVOCATION NOTICE

DATE:			
TO:	Systems Administrator Technical Support Divisio		
FROM:			
EMPLOY	EE'S LAST NAME:	FIRST NAMI	3:
EFFECTI	VE DATE:	DIVISION:	
	named employee has termin cess to all programs and Inte	ed services with the department.	Please revoke
Signature:			
3	SuperisorManager		

Attachment 5