

## **Employee Offboarding Checklist Form**

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## Control-Page

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Employee Offboarding Checklist Form				
Personnel Information:				
Name:	Position:			
Department:	Hiring Date:			
Office Location: Last Working Date:				
Direct Manager	To confirm that proper Hand 0	Over has been d	one, please cli	ck below:
	Item		Cleared	Not Cleared
Employee submitted all documentations / Files				
Employee submitted all data / contacts / relevant information				
Office Space is cleaned & cleared				
All suspended jobs have been submitted completely.				
Comments:				
Head Of Department Name: Signature: _		Signature: _		
IT Department				
	Item		Cleared	Not Cleared
1- Laptop / PC submitted				
2- Email has been transferred / d	isabled			
3- Disable access to Odoo				
4- Disable access to client's Asset	ts			
Head Of Department Name:		Signature: _		