CITY OF SAN RAFAEL
EMPLOYEE OFFBOARDING CHECKLIST

Employee Name: _____ Department: _____

Last Day on Payroll: _____ Last day worked (if different): _____

To be completed by department & submitted to HR along with PAR

Items Returned to department (enter n/a if not applicable)	Received by	Date
Keys		
Employee I.D. badge (*place in confidential shred*)		
Laptop/computer		
Cell phone		
Company credit card		
Business cards		
Removed personal belongings from work area		
Uniforms		
Tools		
Other:		

Notify Digital Services support@xantrion.com	Notified by	Date
Disable email account		
Disable computer access		
Disable phone extension		
Disable voicemail		
Removed employee's name from email group distribution lists; internal/office phone list, website and building directories		

Notify Facilities facilities@cityofsanrafael.org	Notified by	Date
Disable security codes		

Notify Payroll payroll@cityofsanrafael.org (*ONLY if employee is being terminated by City*)	Notified by	Date
Final paycheck		