|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **PleAse complete the following** | | | | | | |
| **Employee Information** | | | | | | |
| **Name**: | | | | **DSW #:** | | |
| **Hire Date** (MM/DD/YYYY): | | **Job Classification**: | | **HR Department** :  ZSFG  LHH  Central Admin  BHS  Primary Care | | |
| **Status** (Check One):  Permanent Civil Service  Permanent Exempt  Temporary Exempt  Provisional  Contractor | | | | | | |
| **Date of Separation** (MM/DD/YYYY): | | | | | | |
| **Type of Separation:**  Resignation  Retirement  Release  Layoff  Other  Internal transfer to   External transfer to | | | | | | |
| **Complete separation from City and County of SF employment?**  Yes /  No\*  *\*If no,* Type of Change: | | | | | | |
| **Documentation (i.e. Letter of Resignation, Letter of Release, etc.):**  Yes, **must** be attached. Also, electronic copy to be sent via email (see email addresses below) to DPH Human Resources. | | | | | | |
| **Employee Personal Email Address (for exit interview survey):** | | | | | | |
| 1. **FOR COMPLETION BY SUPERVISOR** | | | | | | |
| **SUPERVISOR’S RESPONSIBILITIES** | | | | | | |
| Equipment or access. The employee’s supervisor is responsible for documenting and tracking all equipment assigned and access rights provided **upon hiring and separation.** Upon employee’s separation from employment or transfer from one division to another division, the supervisor should complete the column on the right, initialing that each item has been returned and the date that it was returned. Completed forms should be submitted to the Human Resource Division (checked above) immediately via hand delivery, interoffice mail, or email to [DPH-AccessZSFG@sfdph.org](mailto:DPH-AccessZSFG@sfdph.org), [DPH-Accesscentral@sfdph.org](mailto:DPH-Accesscentral@sfdph.org), [DPH-AccessLHH@sfdph.org](mailto:DPH-AccessLHH@sfdph.org), [DPH-AccessPC@sfdph.org](mailto:DPH-AccessPC@sfdph.org), [DPH-AccessBHS@sfdph.org](mailto:DPH-AccessBHS@sfdph.org). | | | | | | |
| **ONBOARDING**  **Upon Assignment**  **(Date & Initial)** | |  | | **New / Departing Employee Checklist**  **for Supervisors:** | | **OFFBOARDING**  **Upon Exit**  **(Date & Initial)** | | |
| /        /        / | | Yes No N/A  Yes No N/A  Yes No N/A | | Submit Helpdesk Ticket IT Account Request to Activate/Deactivate Accounts & Return IT Equipment  Computer Assigned? IT Tag # \_\_\_\_\_\_\_\_\_\_\_\_\_  Laptop Assigned? IT Tag #\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile Device Assigned? If yes, what? | | **Helpdesk Ticket #** *\_\_\_\_\_\_\_\_\_\_\_\_*        /        / | | |
| /        /        / | | Yes No N/A  Yes No N/A  Yes No N/A | | Desk Phone Number:  Mobile Phone Number:  Pager Number: | | /        /        / | | |
| **ONBOARDING**  **Upon Assignment**  **(Date & Initial)** | |  | | **New / Departing Employee Checklist**  **for Supervisors:** | | **OFFBOARDING**  **Upon Exit**  **(Date & Initial)** | | |
| /        / | | Yes No  Yes No | | Collect SFDPH ID Badge and DSW Badges  Separation from SFDPH?  Reassignment/ transfer/promotion within SFDPH?  Notify Emergency Planning and Security | | Return ID’s to HR        /        / | | |
| / | | Yes No | | Timekeeper Notified of Hire or Separation Date | | / | | |
| / | | Yes No N/A | | Site Access Privileges Assigned (list facilities): | | / | | |
| / | | Yes No N/A  TMS # | | ID Badge Activation/Deactivation | | /  TMS # | | |
| / | | Yes No N/A  Key Stamping #  \_\_\_\_\_\_\_\_\_\_\_\_ | | Keys: (Note each: include gas keys, file cabinet keys, fobs, etc. on separate sheet, if necessary) | | /  Key Stamping #  \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| / | | Yes No N/A | | Parking Permits: | | / | | |
| / | | Yes No N/A | | Tools / Equipment/ Safety Equipment: (Note each on separate sheet, if necessary) | | / | | |
| / | | Yes No N/A | | Office Supplies/ Equipment | | / | | |
| / | | Yes No N/A | | Work / Protective Clothing / Uniforms (List items) | | / | | |
| / | | Yes No N/A | | Garage Door Openers | | / | | |
| / | |  | | Other (Please list on separate sheet, if necessary) | | / | | |
| **Is There Anything That Has Not Been Properly Returned?** The cost of all lost or damaged items will be assessed at the time an employee separates from DPH for any reason, including leaves of absence of more than six months duration. The employee is responsible for these costs prior to his/her departure. Failure to meet this responsibility may result in delayed processing, either at the time the costs are assessed and/or before the employee returns to work. | | | | | | | | |
| **Note here any unreturned, damaged, or lost items and the cost:** | | | | | | | | |
|  | | | | | | | | |
| ***I certify that the above employee has completed all necessary unit steps for exiting DPH and can now proceed to HR for final exit procedures*.** | | | | | | | | |
| Name of Supervisor (Please Print)       **Signature of Supervisor:** Date: | | | | | | | | |
| Name of HR Personnel(Please Print)**Signature:** | | | | | | | Date: | |