

TERMINATION CHECK-LIST

NAME: _____

TERMINATION DATE: _____

DATE	INITIAL	DESCRIPTION
		Exit Interview (Wendy C. / Amber G.)
		Collect Keys to building/office/file cabinets (Manager)
		Disable access card to GCV building (if applicable) (Jill)
		Collect Pager (if applicable) (Call Mitzi Shook to deactivate paging) (Jill)
		Deactivate PACS / McKesson Access (if applicable) (Amber G.)
		Deactivate Epic access (Complete code request form "deletion"; Email epicuserrequests@nmhs.net) (Amber G.)
		Deactivate SCM if applicable (hospital inpt system) (Email: MIS User Access Security) (Amber G.)
		Notify NMHS staff to delete from Quest Domain (Amber G.)
		Deactivate CANM Website Password (Debbie A.)
		Pay any unused PTO time if eligible (Amber G.)
		Cancel insurance policies (COBRA will be offered by insurance company) (Amber G.)