

TERMINATION CLEARANCE

This form shall be completed for all employees upon receipt of notice of separation of employment. Supervisor *shall **immediately enter work order to notify Information Technology of separation.*** All items must be cleared by the Supervisor (initialed and dated) except for those designated for Human Resources. The completed form will then be returned to Benefits at hrbenefits@littlerock.gov.

EMPLOYEE: _____ DEPT./DIVISION: _____

EMPLOYEE I.D. NO: _____ JOB TITLE: _____

TERMINATION DATE: _____ PERSONAL TELEPHONE: _____

LAST DATE WORKED: _____ PERSONAL EMAIL: _____
 (Copy of Documentation Attached by Dept.)

DEPARTMENT	ITEM	CLEARED BY	DATE
INFORMATION TECHNOLOGY	Email Account/Phone	WO Ticket#	
	Lawson/Cabinet Security	WO Ticket#	
FINANCE-ACCOUNTS PAYABLE accounts payable@littlerock.gov	Travel Advance/Other		
	Lawson/Cabinet Security		
PURCHASING 371-4560 or lrpurchasing@littlerock.gov	P-Card		
	Misc Accounts		
HUMAN RESOURCES	Insurance Info (COBRA)		
	NeoGov Account Access		
	Residency Incentive		
	Retirement Contribution (LOPFI participants must contact LOPFI directly at (501)682-1745 or www.lopfi-prb.com.)		
	Deferred Compensation (Contact directly)	Nationwide 1-877-677-3678 ING/VOYA (501)603-0100 AR Diamond/Voya 1-800-905-1833	ICMA 1-800-669-7400 AG Edwards (501)664-9135
DEPT./DIVISION	Badge/ID Card/Sonitrol Card		
	Keys (Building & Vehicle)		
	Parking Tag		
	Tools/Equipment		
	Tuition Aid		
	Uniform/Fuel Card		

I hereby certify that I have turned in all City property assigned to me and/or in my possession and have no outstanding obligation to the City. I understand that if it is determined that I have been overpaid or if payments have been made on my behalf (garnishment payments not withheld, etc.) that it is my responsibility to repay those amounts to the City of Little Rock.

Employee Signature _____
Date

RETURN COMPLETED FORM TO THE BENEFITS DEPARTMENT. Clearance is complete and final check may be released.

Department Director _____
Date