Human Resources

**Exit Process Checklist**The primary aim is to ensure that all administrative processes are completed efficiently and professionally, both to enable the employee to leave with a positive experience of the University or the School/department in which they are currently working, and to ensure that the assets of the University, both physical and intellectual are protected.  
  
\**Please note that this document does not need to be retained post-employment and should be disposed of.*

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| School/Professional Service |  |
| Manager |  |
| Leave Date |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 1: Before Leaving** | | **Yes** | **No** | **Not applicable** | **Comments** |
|  | Inform Human Resources and you line manager of leaving date and send resignation letter. |  |  |  |  |
|  | Confirm outstanding leave entitlement and agree how this will be dealt with your line manager. |  |  |  |  |
|  | Confirm the status of any outstanding work and regular tasks, including any handover requirements to your Line Manager. |  |  |  |  |
|  | If appropriate confirm list of operational contacts who need to be notified both internally and externally. Is there an alternative contact? |  |  |  |  |
|  | Remind employee of the optional “Exit Interview”. Link will be in the leavers letter |  |  |  |  |
|  | List access to various software, workspaces and systems. |  |  |  |  |
|  | Ensure working area is GDPR compliant and dispose of unwanted items in office meeting GDPR regulations. |  |  |  |  |
|  | Retrieved payslips and training log from My.HR. |  |  |  |  |
|  | If you are a PDR reviewer complete all interim/ full year PDR. |  |  |  |  |
| **Are you a Laboratory worker/ researcher? (If Yes please go to section 2, if not please go to section 3).** | | | | | |
| **Section 2: Chemical/ Material Disposal** | | **Yes** | **No** | **Not applicable** | **Comments** |
| **1.** | Have you transferred ownership or disposed of all chemicals/samples belonging to yourself (in accordance with the Hazardous Waste Policy)? |  |  |  |  |
| **2.** | Have you disposed of unneeded chemical/lab reagents from all fridge’s/freezers and lab storage areas? |  |  |  |  |
| **3.** | Have you handed over any relevant safety documentation and/or laboratory lab books? |  |  |  |  |
| **4.** | Have all biological material been disposed of (approval from line manager needed) or ownership transferred to your line manager/other group member? |  |  |  |  |
| **5.** | Have all samples/consumables from freezers/fridges been disposed of or transferred? |  |  |  |  |
| **6.** | Has all information regarding the biological material including MTA (Material Transfer Agreement)’s, provenance details, lab books been transferred to your line manager/group member? |  |  |  |  |
| **7.** | Has ownership of HTA (Human Tissue Authority) relevant materials samples been transferred to line manager, including location details? |  |  |  |  |
| **8.** | Has Procuro been updated to include ownership change? |  |  |  |  |
| **9.** | Have you email HTA compliance officer to confirm changes? |  |  |  |  |
|  | Has ownership of associated ethics and consent forms stored safely and location known by line manager? |  |  |  |  |
|  | Have the expiry dates of ethics approvals been acknowledged by line manager and/or HTA compliance manager? |  |  |  |  |
|  | Have you ensured the transfer of the information is compliant with Data Protection policies? |  |  |  |  |
|  | Have you worked with sealed or open source ionising radiation? If so, has the Radiation Protection Officer been consulted? |  |  |  |  |
|  | Have you handed over any equipment responsibilities ( including equipment contact details). Have you provided training? |  |  |  |  |
|  | Have you handed over copies of any Risk Assessments you have written? |  |  |  |  |
| **Section 3: At the point of leaving** | | **Yes** | **No** | **Not applicable** | **Comments** |
|  | Return staff identification card to HR. |  |  |  |  |
|  | All IT Equipment (Laptops, Tablets, Mobiles etc.) returned to your Line Manager. |  |  |  |  |
|  | Any portable Devices/Media (Phone/charger, Camera, Memory sticks, etc.) returned to your Line Manager. |  |  |  |  |
|  | Purchasing card(s) returned to your Finance Officer or Line manager. |  |  |  |  |
|  | Keys (Buildings/Offices/Desks etc.) returned. |  |  |  |  |
|  | Any clothing/uniform/ issued by the School/ Department returned Line Manager or appropriate member of staff. |  |  |  |  |
|  | Any other tools/equipment returned to Line Manager or appropriate member of staff |  |  |  |  |
|  | Books, paperwork and documents returned or disposed of following GDPR guidelines. |  |  |  |  |
|  | Empty desks/drawers/filing cabinets |  |  |  |  |
|  | Specific property per itemised list (where available) returned to your Line Manager or appropriate member of staff. |  |  |  |  |
|  | Access to online spaces and systems are removed or notified to the appropriate member of staff. |  |  |  |  |
|  | Removal from: Email lists, distribution list, Internal phone list, Website. |  |  |  |  |
|  | Your University provided file store (e.g. One Drive, Workspace) and Email account will be removed after 30 days following your departure. Please confirm that you have transferred any files that need to be retained or accessed by colleagues to a shared area. |  |  |  |  |
| **Section 4: After person has left** | | **Yes** | **No** | **Not applicable** | **Comments** |
| **1.** | Will any shared accounts need passwords changing as a result of user leaving? |  |  |  |  |
| **2.** | Will any passworded files or other confidential information need changing as a result of user leaving?  If so, please indicate? |  |  |  |  |
| **3.** | Any additional licences revoked or reallocated? |  |  |  |  |

I confirm that I have addressed all of the above and the exit checklist is now complete.

**Signed ( Leaver)……………………………………………………Date………………………………………………….**

I confirm that I have checked everything has been addressed and that the checklist is now complete.

**Signed ( Line Manager/Supervisor)……………………………………Date………………………………………………**

**PLEASE SUBMITT COMPLETED FORM TO THE CBE LABORATORY MANAGER**