**LEAVING FORMALITIES CHECKLIST**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYEE NAME |  | | EMPLOYEE ID |  | | | |
| POSITION |  | | DEPARTMENT |  | | | |
| LOCATION |  | | REPORTING MANAGER |  | | | |
| DATE OF JOINING |  | | DATE OF LEAVING |  | | | |
|  | | | | | | | |
| **PARTICULARS** | | **AUTHORIZED PERSON** | **DESIGNATION** | **DEPARTMENT** | | | **DATE** |
| **RESIGNATION LETTER ACCEPTED BY REPORTING MANAGER** | |  |  |  | | |  |
| **EXIT INTERVIEW CONDUCTED** | |  |  |  | | |  |
| **HANDOVER COMPLETED** | | | | | | | |
| 1.COMPANY ASSETS | |  |  |  | | |  |
| 2.FILES | |  |  |  | | |  |
| 3.HANDOVER REPORT | |  |  |  | | |  |
| **INSURANCE** | | | | | | | |
| 1.HEALTH INSURANCE REMOVAL | |  |  |  | | |  |
| 2.LIFE INSURANCE REMOVAL | |  |  |  | | |  |
| **CLEARANCES** | | | | | | | |
| [DEPARTMENT 1.] | |  |  |  | | |  |
| [DEPARTMENT 2.] | |  |  |  | | |  |
| [DEPARTMENT 3.] | |  |  |  | | |  |
| [DEPARTMENT 4.] | |  |  |  | | |  |
| [DEPARTMENT 5.] | |  |  |  | | |  |
| **NOTIFIED ALL EMPLOYEES THROUGH MAIL** | |  |  | |  |  | |
| **RELIEVING LETTER GIVEN** | |  |  |  | | |  |
| **ACCOUNTS SETTLEMENT** | | | | | | | |
| 1.NOTICE PAY DEDUCTION  (IF APPLICABLE) | |  |  |  | | |  |
| 2.LOANS/ADVANCE SETTLEMENT  (IF ANY) | |  |  |  | | |  |
| 3.FULL AND FINAL SETTLEMENT COMPLETED | |  |  |  | | |  |
| **CERTIFICATE OF EMPLOYMENT GIVEN** | |  |  |  | | |  |