**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** |  |  |  |  |