

**CITY OF TULSA
TERMINATION CHECK-OFF LIST**

NAME _____ **DEPT. #** _____ **SS#** _____

DEPARTMENT

Resignation/Dismissal Form	_____	to Payroll/Personnel
Uniforms	_____	to Supervisor
Keys	_____	to Supervisor
City Drivers License	_____	to Payroll/Personnel
City ID Badge	_____	to Payroll/Personnel
Parking Permit	_____	to Payroll/Personnel
Purchasing Card	_____	to Finance
Final Cholinesterase Test	_____	with City Medical

PERSONNEL

Medical/Dental - COBRA	_____	with Benefits
Retirement Refund	_____	with Benefits

Department Signature

Employee Signature

Procedure:

Not all areas of this form are applicable to each individual employee. However, all areas of this form must be initialed or indicated as N/A. This insures that the employee has received or been notified of those articles to be returned and benefits to be distributed upon leaving employment with the City of Tulsa.

After the completion of the signed form, forward the original to the Finance Division, Attn: Payroll Section.