



Employee's ID # _____ Employee's Name _____

Upon the retirement or separation of an employee from Norfolk Public Schools (NPS), the following checkout list must be completed prior to departure from the primary place of employment. It is essential that all items are accounted for so that final pay can be processed and delivered to the employee in a timely manner. Any amounts owed to NPS will be deducted from the final pay figure.

Only authorized personnel may sign as confirmation of receipt of NPS property. Examples of authorized personnel include: principals, site coordinators, department heads/coordinators, or supervisors. If there have been no items issued to the employee as indicated on the *Employee Checkout Form*, the principal, site coordinator, department head/coordinator, or supervisor should sign as such. Each section of the *Employee Checkout Form* **must** be completed in its entirety. The employee must hand-deliver the completed, dated, and signed form to the Department of Human Resources for processing.

Employee's Confirmation

In accordance with the federal COBRA statutes of 1987, employees losing coverage due to voluntary or involuntary termination, other than for gross misconduct, may continue coverage in the school system's group health insurance program **at their own expense** for up to 18 months. Other qualifying events such as disability, death, or divorce allow an extension of coverage up to a maximum of 36 months. A COBRA packet will be mailed to the employee's home address within 30 days of his or her termination date. If the employee does not receive a packet within 30 days of his or her termination, he or she should contact the City of Norfolk's Benefits Office.

Check Only One

- ☐ I understand that I am separating employment with Norfolk Public Schools prior to the end of my contract. Therefore, my benefits will cease on the last day of the month in which I am separating employment.
- ☐ I have completed the terms of my contract, and my benefits will end August 31st of the current benefit year.

Check Only One

- ☐ I wish to exercise my rights under COBRA and understand that I will be fully responsible for all premiums. I understand that a separate enrollment application must be completed in order to enroll in COBRA and that this form must be obtained from the City of Norfolk's Benefits Office.
- ☐ I decline participation in the COBRA benefits plan at this time.

Employee's Signature (**Employee's Confirmation**)

Date

Certification on Non-Issuance of NPS Property

I hereby certify that the employee indicated above has not received any of the items as described on the *Employee Checkout Form*. I have instructed the employee to present this form to the Department of Human Resources for processing.

Authorized Signature

Location #

Date



Norfolk Public Schools

The cornerstone of a proudly diverse community

Employee's ID # _____

Employee's Name _____

School Location or Department	Task	Floor	Room #	Date	Authorized Signature
Department Head, Supervisor, or Principal	Inventory of Accountable Property Other Than Personal Computers				
Department Head, Supervisor, or Principal	Turn in Office Key(s), Professional Materials, and/or Any Other NPS Property (Cell Phones, Laptop, Etc.)				
Information Technology	Terminate System Access	PH	P-10		
Information Technology	Terminate Electronic Mail Account	PH	P-10		
Information Technology	Turn in NPS Cell Phone and/or Laptop Computer	PH	P-10		
Accounting	Outstanding Travel Claims	PH	P-03		
Accounting	Returned Check(s) and Fees	PH	P-03		
Accounting	Rental Fees	PH	P-03		
Purchases and Supply	Turn in NPS Credit Card(s)	12	1205		
Curriculum and Instruction	Training Material(s)	11	1102		
Media Services	Media Services Equipment	11	1102		
Risk Management	Disposition(s) of Any Claims (Worker's Compensation, Damage, Lost Equipment, Etc.)	9	909		
Student Support Services	Turn in ID Card and Badge	9	904		
Learning Support	Special Education Equipment	8	800		
Learning Support	Synergy	8	800		
Operations	Turn in Employee Parking Decal	7	707		
Operations	Turn in School Administration Building Access Card/Codes	7	707		
LAST STOP: Department of Human Resources					
Human Resources	NPS Resignation/Extended Leave of Absence Form # A-30	9	900		
Human Resources	Forwarding Address	9	900		
Human Resources	Exit Interview Survey	9	900		
Human Resources	Final HR Processing Submission of Employee Checkout List	9	900		

Authorized Human Resources Representative

Date