



Separation/Suspension of Employment Checklist

This form is to be used whenever an employee of Cumberland County separates from employment, is suspended from employment, or is placed on a leave of absence.

Employee Name: _____ Employee Department: _____

Effective Date of Separation: _____ Last Day Worked: _____

Type: Discharge ___ Resignation ___ Retirement ___ Leave of Absence ___ Suspension ___ Administrative Leave ___

Date of Notice if Resignation/Retirement: _____ Letter Received? Yes ___ No ___

Equipment Submittal: County ID ___ Keys ___ Uniform ___ Cell Phone ___ Laptop ___

Uniform Badge ___ Electronic Devices ___ Vehicle/Keys ___

Department Heads Please Initial:

Email Account Disabled ___

Email Account Forward to: _____

Time Clock System Disabled ___

Edmunds System Disabled ___

Building Access Disabled ___

Phone/Voice Mail Disabled ___

Recommend Exit Interview with Benefits Manager ___ and/or Personnel Director ___

Determine accrual amounts and inform whether money may be owed ___

Cancel County Paid Memberships in Professional Organizations ___

If Retirement, interview with Pension Specialist/Payroll ___

Department Head Signature _____ Date _____

Please submit this form by scan/email and/or fax to the following departments immediately upon notification of separation, suspension, or leave of absence of employment.

Routing Instructions:

Human Resources (hr@cumberlandcountynj.gov)

Information Technology (it@cumberlandcountynj.gov)

Payroll (ccpayroll@cumberlandcountynj.gov)