

STAFF EXIT CHECKLIST

Employee Name:

Position:

Facility / Centre / Region:

Person completing exit checklist:

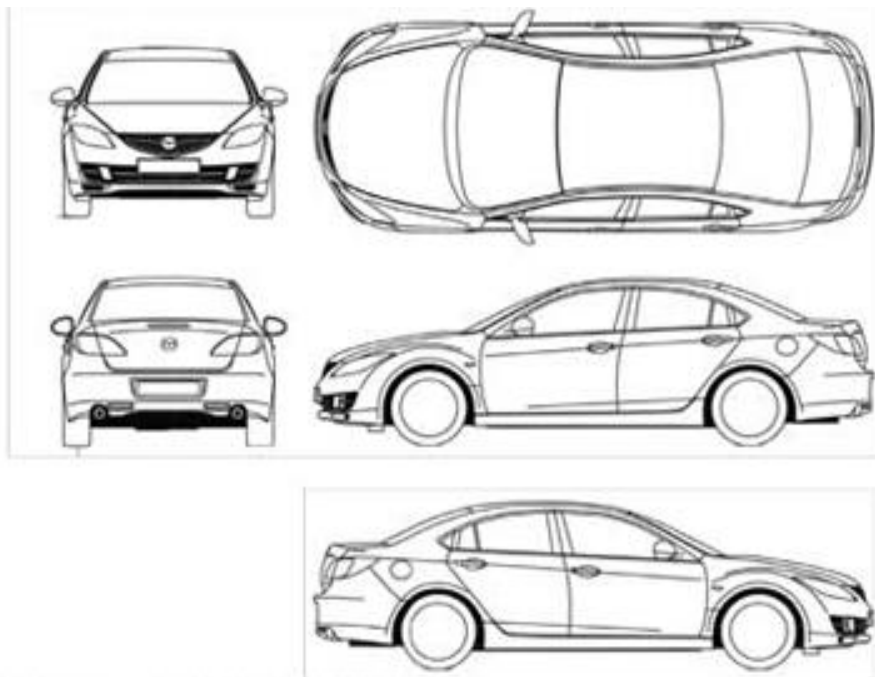
Date:

ITEMS REGISER – Hardware & Software

- please mark off each item and make the appropriate comments

Mobile Phone	Yes	No	N/A
Mobile phone returned including charger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sim passcode: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone pin code: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apple ID & passcode: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptop	Yes	No	N/A
Laptop returned including charger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptop password: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptop bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouse and keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iPad	Yes	No	N/A
iPad returned including charger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iPad password: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iPad keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iPad accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desktop Computer	Yes	No	N/A
Password: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle	Yes	No	N/A
Motor vehicle returned in a clean and acceptable condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eTag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcharge card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All personal items removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care inspection completed (go to inspection record if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software Passwords	Yes	No	N/A
My Aged Care Portal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email request to be sent to HR Director for account to be deactivated.			

Software Passwords (cont.)	Yes	No	N/A
Talent Propeller: Email request to be sent to HR team for account to be deactivated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirus Works: Email request to be sent to HR team for account to be deactivated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enable HR: Email request to be sent to HR team for account to be deactivated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Manager: Email request to be sent to Clinical Governance team to be deactivated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving on Audits (MOA): Email request to be sent to Clinical Governance team for account be deactivated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riskman: Email request to be sent to Clinical Governance team for account to be deactivated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VisualCare: Email request to be sent to Clinical Governance team (NSW/QLD) for account be deactivated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keys	Yes	No	N/A
All office keys returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All air keys returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (medication cupboard etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Property and Stationary	Yes	No	N/A
All business cards returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All stationary supplies returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All client/resident files returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All education material returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All AQ documentation returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation and Paperwork – all outstanding documentation to be returned at exit meeting	Yes	No	N/A
All consumer paperwork has been returned / handed over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All outstanding consumer dockets / receipts returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee finalised and submitted timesheet for approval and processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ policy reminders – staff member to be reminded of their obligation and agreement to			Yes
Confidentiality agreement			<input type="checkbox"/>
Restriction of trade			<input type="checkbox"/>
Privacy and confidentiality			<input type="checkbox"/>

Additional Information / Comments
Motor Vehicle Inspection Report


Inspection	Good Condition / Unmarked		Poor Condition / Marked		Action Required	
	Yes	No	Yes	No	Yes	No
Exterior Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upholstery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windscreen:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Form to be returned to HR office within 24 hours of the employee exiting the organisation.