



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 authorized personnel should sign as such. Each section of the *Employee Checkout Form* **must** be completed in its entirety. The employee must turn in the completed, dated, and signed form to their supervisor. Supervisors are responsible for forwarding the completed form to the work location's assigned Human Resources Generalist within five (5) days of receipt. Collected items must also be forwarded within this time period.

Employee's Confirmation

In accordance with the federal COBRA regulations 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 their termination date. If the employee does not receive a packet within 30 days of their termination, they 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 and that this form must be obtained from the City of Norfolk's Benefits Office.
- ☐ I decline participation in the COBRA benefits plan.

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

Date



Norfolk Public Schools

The cornerstone of a proudly diverse community

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Employee's Name _____

Task	Employee Signature	Date	Authorized Signature	Task Complete	Date
Inventory of Accountable Property Other Than Personal Computers				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Turn in Office Key(s), Fobs, Professional Materials, and/or Any Other NPS Property (Cell Phones, Laptop, Etc.)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Turn in Badge <i>(Note: Lost badges are assessed a \$5 fee, which will be deducted from the employee's final pay.)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
NPS Resignation/Extended Leave of Absence Form # A-30				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Forwarding Address NPS Web Page > For Staff > Employee Self-Service <i>(Note: Employee should print screenshot for authorized signature.)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exit Interview Survey https://www.surveymonkey.com/r/npsexitsurvey24 <i>(Note: Employee should print screenshot for authorized signature.)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Turn in NPS Credit Card(s) (If Applicable)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Employees must submit completed checkout forms to an authorized representative for signature. Examples of authorized representatives include principals, site coordinators, department heads/coordinators, or supervisors. The authorized representative will submit the form to the work location's assigned Human Resources Generalist within five (5) days of receipt. Collected items must also be forwarded within this time period.

The employee's signature below acknowledges responsibility for any missing equipment, including laptops, cell phones, etc., as employees may be assessed a fee for lost items.

Employee Signature

Date

Authorized Supervisor Signature

Date

Human Resources Representative Signature

Date