

**CITY OF NORTH LITTLE ROCK
OUT-PROCESSING FORM**

This form is to be completed for all employees upon receipt of notice of separation of employment. Please attach documentation of the separation to this form. All items must be cleared by the Employee's Department Head/Supervisor (initialed and dated). The completed form needs to be returned to Human Resources ASAP.

EMPLOYEE: _____ **DEPT./DIVISION:** _____

EMPLOYEE ID: _____ **JOB TITLE:** _____

PERSONAL TELEPHONE: _____ **PERSONAL EMAIL:** _____

HIRE DATE: _____ **TERMINATION DATE:** _____ **LAST DATE WORKED:** _____

DEPARTMENT	ITEM	CLEARED BY	DATE
DEPARTMENT/ DIVISION	City ID Badge		
	Keys (Building & Vehicle)		
	Tools/Equipment		
	Uniforms		
	Fuel Card		
	Issue a Work Order for Information Technology to Terminate Email Account/Phone/Access/Cell Phone/Laptop Work Order Ticket # _____		
	Contact Finance-Accounts Payable for Travel Advance/Other		
	Payroll Clerk Must Create a Payroll Maintenance Document for Final Payout, Annual Leave/Vacation, Sick Leave, and Roll Overs if Applicable and Send to Finance for Processing		
	All Uniform Police and Fire Employee Equipment		

DEPARTMENT HEAD SIGNATURE: _____ **DATE:** _____

CONTACT HUMAN RESOURCES	Insurance Information (RETIREE/COBRA)		
	Pension		
	Exit Interview		
	If Uniformed Employee: LOPFI participants must contact LOPFI directly at (501)682-1745 or www.lopfi-prb.com.		
	Deferred Compensation or Any Non-Group Policies (Employee Must Contact Company Directly) http://nlr.ar.gov/cms/One.aspx?portalId=63176&pageId=208843		

HUMAN RESOURCES DIRECTOR SIGNATURE: _____ **DATE:** _____

FINANCE	Final Payout		
	Annual Leave/Vacation		
	Sick Leave		
	Roll Over if Applicable		
	Process Final Payroll Maint. Document and Send a Copy to HR for Filing		

FINANCE DIRECTOR SIGNATURE: _____ **DATE:** _____

I hereby certify that I have turned in all City property assigned to me and/or in my possession and have no outstanding obligation to the City. I understand that if it is determined that I have been overpaid or if payments have been made on my behalf (garnishment payments not withheld, etc.) that it is my responsibility to repay those amounts to the City of North Little Rock.

EMPLOYEE SIGNATURE: _____ **DATE:** _____