**NHS GREATER GLASGOW AND CLYDE**

**Leavers Checklist**

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| **Employee Details** | |
| **Employee Name:** |  |
| **Payroll No:** |  |
| **Job title:** |  |
| **Sector/ Service:** | Select Service/Sector |
| **Last working day:** | Click here to enter a date. |
| **Termination date (if different):** | Click here to enter a date. |

Where appropriate, please ensure that an exit interview is arranged and the [Exit Interview e-Form](https://forms.office.com/Pages/ResponsePage.aspx?id=veDvEDCgykuAnLXmdF5JmnpSDdAWq8BMskvPia2lgUhURTVCTTZQQlc1R01OVUYxRFVDSUQ0UUo3RiQlQCN0PWcu) is completed. A paper form is available on HR Connect for any services with limited access to PCs and/ or laptops. The response are confidential and used to learn and improve our organisation as a whole.

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| You may wish to use this checklist to ensure your leaver is fully removed from all relevant systems and as a helpful reminder of things to be processed prior to the employee’s departure. | | **Yes** | **N/A** |
| **Record Keeping and Administration** | Removed from the Flexi System |  |  |
| Removed from Weekly Absence Returns |  |  |
| Removed from Monthly Training Returns |  |  |
| Removed from any waiting lists for Training courses |  |  |
| Cancellation of any pending training courses |  |  |
| Removed from Global Address book/Telephone Directory |  |  |
| Removed from any outlook distribution lists |  |  |
| Update NHSGG&C Internet web pages by logging a call with IT and completing the appropriate [form](http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Health%20Information%20Technology/ExistingHITSites/Local%20HIT%20Info/Documents/Forms/AllItems.aspx) |  |  |

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|  | | **Yes** | | **N/A** | |
| **System Access** | Systems access and PC software access removed | |  | |  |
| Licences removed and re-allocated if necessary | |  | |  |
| VPN technology disabled | |  | |  |
| Removed from Authorised Signatory and other approval lists | |  | |  |
| Has the member of staff leaving the organisation registered any information assets onto the Boards Information Assets Register? | |  | |  |
| If Yes, have you informed the Information Governance Department?” | |  | |  |

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|  | | **Yes** | | **N/A** | |
| **Security Passes and keys handed in** | Security Badge | |  | |  |
| Flexi Card | |  | |  |
| Car Parking Permit | |  | |  |
| Safe Key | |  | |  |
| Keys for NHSGG&C Buildings | |  | |  |
| Car Keys for NHSGG&C Pool Cars | |  | |  |
| Keys for office cupboards, lockers and drawers | |  | |  |

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|  |  | **Yes** | **N/A** | **Asset or Other ID No.** |
| Equipment Returned (Insert asset or other identifying number where known): | Mobile Phone |  |  |  |
| Blackberry |  |  |  |
| Laptop |  |  |  |
| Data Stick/Pen Drive |  |  |  |
| Personal Alarms |  |  |  |
| Safety/Personal Protective Equipment |  |  |  |
| Workplace Diary |  |  |  |
| NHSGG&C documents and manuals |  |  |  |
| Any other additional specialist equipment |  |  |  |
| Uniforms |  |  |  |

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|  |  | **Yes** | **N/A** |
| Other Actions and Final Sign Off | If the employee was a key holder to a building has an alternative key holder been identified? |  |  |
| If employee was a Fire Warden has a replacement been appointed? |  |  |
| If employee was a First Aider has a replacement been arranged? |  |  |
| Forward Address – if appropriate? |  |  |
| Have all outstanding financial arrangements with the NHS been identified and arrangements made for recovery where necessary? |  |  |
| Has employee signed a mandate agreeing to repay to the NHS any overpayment arising in the final settlement? |  |  |
| Has any outstanding annual leave been calculated? |  |  |
| Has NOC/Termination form been completed? |  |  |

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| **Referrals** |  | **Yes** | **N/A** |
| For misconduct dismissals **or** misconduct which may have resulted in dismissal - complete referral to PVG (as applicable – see PVG referral guidance on [HR Connect](https://www.nhsggc.scot/downloads/disclosure-scotland-referral-guidance/)) |  |  |
| Complete referral to regulatory body (as applicable – seek input from Professional Lead/Head of Human Resources) |  |  |

**COMPLETED BY:**

|  |  |
| --- | --- |
| **Managers Name:** |  |
| **Managers Job Title:** |  |
| **Date Completed:** | Click here to enter a date. |

This form should be retained within the employee’s personal file.