

# Associate Separation Checklist

Associate's Name: \_\_\_\_\_

Last Day of Work: \_\_\_\_\_

*Note: Review associate's Company Property Statement  
in personnel file for items issued during employment.*

**The following items were issued and returned before the above associate's separation from the Company:**

Returned	Not Issued	
_____	_____	AVAILABLE UPON PURCHASE
_____	_____	AVAILABLE UPON PURCHASE
_____	_____	
_____	_____	AVAILABLE UPON PURCHASE
_____	_____	AVAILABLE UPON PURCHASE

ASSOCIATE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MANAGER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Administrative procedures to be completed:**

Completed	Not Completed	
_____	_____	AVAILABLE UPON PURCHASE
_____	_____	AVAILABLE UPON PURCHASE
_____	_____	AVAILABLE UPON PURCHASE
_____	_____	AVAILABLE UPON PURCHASE

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