

## Separation Checklist - Part A

Name	Staff Number	Effective Date	
Position Title	PAN Form No.	Last Working Day	
Department	Completion of contract	Voluntary	
Resignation letter received <input type="checkbox"/>			
Notice period to be checked <input type="checkbox"/>			
Copy of resignation letter sent to Department Manager <input type="checkbox"/>			
To be checked:	Vacation Balance <input type="checkbox"/>	Educational Refund Plan <input type="checkbox"/>	
	Moving expenses <input type="checkbox"/>	Loan <input type="checkbox"/>	
Confirmation letter to be sent to resigning employee and Part B of Separation Checklist (Clearance List)			
Actions to be taken:	Sickness Fund/Collective Illness Insurance	<input type="checkbox"/>	
	Pension Scheme	<input type="checkbox"/>	
	Additional Disability Insurance	<input type="checkbox"/>	
	Accident Insurance	<input type="checkbox"/>	
	Savings Plan	Savings Scheme Number: <input type="checkbox"/>	
		Premium Savings Scheme Number: <input type="checkbox"/>	
	Work Permit	<input type="checkbox"/>	
	Letter to GAK in case of WAO	<input type="checkbox"/>	
	Service Pin	<input type="checkbox"/>	
	Foreign Employees' List	<input type="checkbox"/>	
	Testimonial (References)	<input type="checkbox"/>	
	Checklist part B signed off by:		
		Library	<input type="checkbox"/>
		ISG	<input type="checkbox"/>
		Office Services	<input type="checkbox"/>
		Quality Assurance & Safety	<input type="checkbox"/>
		ID Pass/Time Registration Card	<input type="checkbox"/>
		Part B received (date)	<input type="checkbox"/>
		Part C sent to accounting for final payments (date)	<input type="checkbox"/>
		Part C received from Accounting, handled and signed	<input type="checkbox"/>
	Green Book handed in	<input type="checkbox"/>	
	Separation PAN form received from Department	<input type="checkbox"/>	
	At retirement	Memo to account ex-gratia payment <input type="checkbox"/>	
		Info Personnel Association <input type="checkbox"/>	
	Exit Interview	<input type="checkbox"/>	