EMPLOYEE CHECK OUT FORM

Name:	
(Employee)	
Full-time, part-time and contract employees who submit a notice of reswith the following offices:	signation/retirement are required to check out
Supervisor responsible to notify appropriate department regard	rding receipt of the following:
Separation Letter/FormTime Sheet Completed in WorkDay	
Staff ID Returned	
Business Office:	
Cuyamaca: CCBuilding.Access@gcccd.edu	
Grossmont: GCBuilding.Access@gcccd.edu	
FOBs/Access Cards (\$10 fee for lost FOB's and Acce	ss Cards)
Uniforms, etc. (If applicable)	
Credit Card(s)	
Electronic Devices (e.g. laptops, cell phones, etc.)	
Keys (Re-keying fee for lost keys)	
Parking Pass Telephone Extension Codes Inactivated	
codes mactivated	
District Information Systems (ISOPS@gcccd.edu):	
E-Mail	
Computer Account Access (e.g. student records, fisc	cal, human resources, payroll,etc.)
Office Shared Drive Access (If Applicable)	
District Electronic Maintenance	
Security Alarm Codes - Email <u>District.Electrical@gcd</u>	ccd.edu for immediate deactivation.
Library Library materials returned (If Applicable)	
Incomplete Check-out Forms could result in delay of Email Final Copy to Human Resources at Cher	
Campus Business Office/Facilities Office Authorized Approval	Date
Employee Signature	Date
Supervisor's Approval Verifying Completion	Date
Original: Employee's Personnel File With Supervisor	

Copy: HR @ Chemene.Chodur@gcccd.edu

Copy: Employee

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