EMPLOYEE SEPARATION CHECKLIST

Contractor: _____ Contract No: _____

Departing Staff Member's Name: _____ Separation Date: _____

Check and complete one of the columns below as appropriate:

I. FRIENDLY SEPARATION		II. UNFRIENDLY SEPARATION	
Date *(Mandatory)*	**Action**	Date *(Mandatory)*	**Action**
	Remove all network and system access privileges.		Disable system access as quickly as possible–preferably just before the individual is notified of his or her dismissal.
	Collect any authentication tokens.		Terminate access to systems immediately when an employee notifies the Department of a resignation that is on unfriendly terms.
	Retrieve any access cards or Departmental identification badges.		Notify support functions (e.g., help desk) that an employee is no longer authorized access.
	Recover all keys.		Restrict the area and function of employees during the period between termination and leaving.
	Brief employee on continuing confidentiality and privacy responsibilities.		Immediately notify the Project Officer, appropriate NIH security officials, and the assigned IT Systems Manager of the time of removal.
	Review any employee contracts that remain valid after separation.		Request the Project Officer to have the combinations changed on all locks to which the contractor employee has access.
	Return property belonging to the United States Government.		Collect any authentication tokens.
	Identify any unique problems, filing schemes, or data backups created by the employee.		Retrieve any access cards or Departmental identification badges.
	Instruct employees on proper "clean up" procedures for their personal computers (PC) before leaving.		Recover all keys.
	Determine the employee's access termination date, and notify the Project Officer, appropriate NIH security officials, and the assigned IT Systems Manager within 24 hours of the time of termination.		Review the employee's duties and responsibilities under this contract with the Project Officer and assess the level of risk to the Government.
	Notify the Project Officer in writing upon completion of these actions.		Escort individual off premises in cases where the potential for retaliation is high.
			Notify the Project Officer in writing upon completion of these actions.

CERTIFICATION: By signing below, I certify that the above actions were taken on the dates indicated.

_____
Signature and Date

_____
Typed Name of Individual Authorized to Certify for Contractor

_____
Title of Individual Authorized to Certify for Contractor