



**State of Louisiana**  
Louisiana Department of Health  
Office of Public Health

**STD/HIV/Hepatitis Program**

**RESIGNATION/TERMINATION CHECKLIST  
PART 1 OF 2**

Employee Name: \_\_\_\_\_

- DATE \_\_\_\_\_ ACTION **Reviewed confidentiality issues with employee.**
- \_\_\_\_\_ File cabinets and office secured.
- \_\_\_\_\_ Keys to office(s), personal office, and file cabinets surrendered to: \_\_\_\_\_
- \_\_\_\_\_ Door Access Card (swipe card) surrendered and after-hours card, if applicable.
- \_\_\_\_\_ Voice mail cleared on personal telephone. Voice mail passcode: \_\_\_\_\_
- \_\_\_\_\_ Email cleared on computer. Email passcode: \_\_\_\_\_
- \_\_\_\_\_ Laptop computer and/or other equipment surrendered (if applicable).
- \_\_\_\_\_ Computer passwords changed.  
Power-on password: \_\_\_\_\_ Screen saver password: \_\_\_\_\_
- \_\_\_\_\_ All files in the employee's personal folders on the H: drive and I: drive (if applicable) have:  
\_\_\_\_\_ been deleted - or -  
\_\_\_\_\_ the employee's supervisor or another staff person will review the files and either delete the files or save them in a different folder. (The employee's personal folder will be kept for 3 months and will then be deleted.)
- \_\_\_\_\_ Personal ID badge and Corporate Travel Card/Credit Card/P-Card (if applicable) surrendered.
- \_\_\_\_\_ Final time sheet and travel expense received. Final paycheck should be sent to this address:  
\_\_\_\_\_
- \_\_\_\_\_ Parking card surrendered (if applicable).  
Note: Employee must surrender parking card or bring \$20 if the card is lost or a \$20 charge for loss of the card will be deducted from employee's final paycheck.
- \_\_\_\_\_ Instructions given to employee regarding contacting Human Resources for benefits information.

\_\_\_\_\_  
Signature of Supervisor/Designee

\_\_\_\_\_  
Date

I understand that all patient information is to remain confidential. I understand that persons who reveal confidential information may be subject to legal action by the person about whom such information pertains.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**PART 2 OF 2**

(To be completed by supervisor or designee immediately following employee departure)

DATE	ACTION
_____	Email sent to Computer Technician to cancel DHH email account.
_____	Email sent to Office Manager re: remove mailbox, timesheet, sign-in, and where to forward mail
_____	Federal project staff notified (if applicable). (Names of persons notified: _____ _____)
_____	CDC Secure Data Network account cancelled (if applicable).
_____	CAREWare account cancelled (if applicable).
_____	Medicaid password changed (if applicable).
_____	Vital Records account cancelled (if applicable).
_____	LIMS account cancelled (if applicable).
_____	Prizm account cancelled (if applicable).
_____	CLIQ account cancelled (if applicable).
_____	Lab Tracker account cancelled (if applicable).
_____	Cajun account cancelled (if applicable).
_____	Lexis/Nexis account cancelled (if applicable).
_____	SDN certificates for CDC transfers disabled (if applicable).
_____	HRSA EHB user rights account cancelled (if applicable).
_____	Grants.gov password changed (if applicable).
_____	eRA password changed (if applicable).
_____	Update the CSTE contact board.
_____	Door code (swipe card) changed (if applicable).
_____	All staff notified by email of departure.

\_\_\_\_\_  
Signature of Supervisor/Designee

\_\_\_\_\_  
Date

**SUPERVISOR TO RETAIN COPY; ORIGINAL TO PERSONNEL FILE**