

CHECKLIST FOR TERMINATIONS

Uncle Remus Regional Library System

EMPLOYEE FULL NAME: _____

DATE OF resignation/termination: _____

LIBRARY: _____

Key Receipt Form

Payroll Status Change form

Resignation Letter (**If applicable**)

Department of Labor Separation Form (**If terminated for cause**)

Affordable Care Act Reporting (**Chris**)

Email Charles regarding alarm code, fob, and e-mail address

Full-Time Staff - Completed at Regional Office

State Health Benefit Plan Membership Termination

GA Breeze Termination

Teacher's Retirement System Application for Retirement

LIBRARY MANAGER: _____