

# EMPLOYEE EXIT FORM

Considering your severe health condition where you are not able to perform your responsibility as a ..... of the LSPR Communication & Business Institute, we are regretfully forced by your condition to grant a pension for you effective since ..... Kindly fill in and sign the document the official purpose it may take.

Name : \_\_\_\_\_  
 Department : \_\_\_\_\_  
 Last Job Title : \_\_\_\_\_  
 Start of Employment Date : \_\_\_\_\_  
 End of Employment Date : \_\_\_\_\_

Contact Information for future correspondence:

Passport Number/Identity Card : \_\_\_\_\_  
 Expiry Date : \_\_\_\_\_  
 Address ( current domicile) : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Mobile Phone : \_\_\_\_\_  
 Home : \_\_\_\_\_

Reason for leaving (please check one):  
  
 Resignation  
 Retirement  
 Other

The leaving Employee

Head of HRD

( )  
 Date:

( )  
 Date:



# EMPLOYEE EXIT CHECK LIST

Employee's Name \_\_\_\_\_

Job Title \_\_\_\_\_

Department \_\_\_\_\_

Head of HRD \_\_\_\_\_

Day of Departure \_\_\_\_\_

## CHECKLIST

DATE	DONE	N/A	Personal	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Letter of resignation	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Employee's insurance (BPJS TK and BPJS Kes.)	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Non Disclosure Agreement	
			<b>Pending reports :</b>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Project report(s)	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Expense report(s) and reimbursement(s)	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Business expense(s) or allowance(s)	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Meeting report(s)	
			<b>Loans :</b>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Accommodation	: Rp _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Personal Loan	: Rp _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Outstanding	: Rp _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Other Loan	: Rp _____
			<b>Personal accounts :</b>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Email account termination	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Close computer account	
			<b>Remove employee's name from:</b>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Email group list	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Distribution list	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Finger print	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Internal/office phone list	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Active employee database	
			<b>Return office properties</b>	
_____			Keys: <input type="checkbox"/> Office	Desk <input type="checkbox"/> File cabinets <input type="checkbox"/> Other _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle (car, motorcycle, etc.)	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Parking card	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Handphone and office number	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Business card (employee's)	Business card (stakeholders)
			<b>Notify key contacts</b>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Related department heads	

Completed by : \_\_\_\_\_

Date : \_\_\_\_\_

Approved by : \_\_\_\_\_

Date : \_\_\_\_\_