

Associate Name:		Associate ID #	Hire Date:
Department:	Last Day Worked:	Termination/Transfer Date: (If different from last day worked please explain)	
Retained Dual Position: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Title:	

### Clearance Checklist: (To be completed by supervisor)

Check Reason for Sep. from Employment	
	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary
<input type="checkbox"/>	Assignment Completed
<input type="checkbox"/>	Attendance
<input type="checkbox"/>	Audit Cleanup
<input type="checkbox"/>	Benefits
<input type="checkbox"/>	Career Advancement
<input type="checkbox"/>	Compensation
<input type="checkbox"/>	COVID Compliance
<input type="checkbox"/>	COVID Vacc Required
<input type="checkbox"/>	Death
<input type="checkbox"/>	Family Reasons
<input type="checkbox"/>	Gross Misconduct
<input type="checkbox"/>	Hours
<input type="checkbox"/>	In Lieu of Term
<input type="checkbox"/>	License/Certification Expiration
<input type="checkbox"/>	Medical Leave Exp.
<input type="checkbox"/>	Never Started
<input type="checkbox"/>	Not Enough Hours
<input type="checkbox"/>	Outsourced
<input type="checkbox"/>	Performance Behaviors
<input type="checkbox"/>	Position Eliminated
<input type="checkbox"/>	Pre-Employment Clearance
<input type="checkbox"/>	Reduction in Force
<input type="checkbox"/>	Relocation
<input type="checkbox"/>	Retirement Over 70
<input type="checkbox"/>	Retirement Under 70
<input type="checkbox"/>	Schedule
<input type="checkbox"/>	Work for Agency
<input type="checkbox"/>	Working Conditions

Resignation Letter Attached:       Yes    No

Eligible for Rehire:                 Yes    No

Please specify: \_\_\_\_\_  
\_\_\_\_\_

Receiving Tuition Reimbursement:    Yes    No

Receiving Bonus                         Yes    No

Return of Hospital Property:

Badge Returned:    Yes    No

Keys Returned:     Yes    No

Company Property:  Yes    No

Scrubs:              Yes    No

Exit interview scheduled:             Yes    No

Associate Performance Rating	Less Than		
	Exceptional	Competent	Acceptable
Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What company are you leaving Lifebridge for? \_\_\_\_\_

Associate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon termination of employment for any reason other than by resignation without proper notice in accordance with the Resignation Policy, the associate shall be paid for all accrued, unused PTO, provided that the associate has a minimum of one year of service with Lifebridge Health subsidiary. If the associate does not continue to report to work throughout their notice period, payment of any unused PTO at the time of separation will be forfeited.