



POTOMAC CONFERENCE CORPORATION

Human Resources

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<http://www.pcsda.org>

EXIT INTERVIEW CHECKLIST

Name: _____

Date of Hire: _____

Last Day Worked: _____

Last Pay Date: _____

	<u>REVIEWED DATE</u>	<u>INITIALS</u>
EXIT INTERVIEW FORM	_____	_____/_____
<u>BENEFITS</u>	<u>SCHEDULED TO END</u>	<u>INITIALS</u>
Medical/Dental/Vision/Rx	_____	_____/_____
AD& D	_____	_____/_____
Life Insurance	_____	_____/_____
AFLAC (Portable)	_____	_____/_____
<u>LOANS/PARSONAGE</u>		
Allowances (Equip/Phone/Educ)	<i>Not portable or paid out</i>	_____/_____
Loans/Advances/Tuition Amortization Owed	_____	_____/_____
Parsonage – Deposit Paid	_____	_____/_____
Parsonage – Deposit Return	_____	_____/_____
<u>VACATION</u>	<u>DAYS</u>	<u>INITIALS</u>
ACCRUED (Jan –Dec _____)	_____	_____/_____
CARRIED OVER FROM PREV YR	_____	_____/_____
USED CURRENT YR	_____	_____/_____
TOTAL DAYS TO PAY OUT	_____	_____/_____

**Unused Short-term and Long-term sick leave is not paid out at end of employment.*

OTHER - I understand that I am required to provide the following items no later than my last day of employment. _____

	<u>RECEIVED DATE/BY</u>	<u>EMPLOYEE INITIALS</u>
KEYS – Parsonage/Pitcairn/Bucanneer	_____	_____
MAGNETIC KEY	_____	_____
OFFICE/DOOR KEYS	_____	_____
CREDENTIALS	_____	_____
OFFICE EQUIPMENT		
___ Computer *	_____	_____
Amortization Amount Due	_____	_____
___ Office Printer at Home	_____	_____
___ Office Furniture	_____	_____
___ Corporate Credit Card(s)	_____	_____
___ All Receipts	_____	_____
___ Business Cards	_____	_____
___ Other: _____	_____	_____

NEW ADDRESS: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

HR SIGNATURE: _____

DATE: _____