



# Employee Exit Property-Recovery Checklist

Human Resources

Frederick County Public Schools

191 South East Street

Frederick, Maryland 21701

FCPS Form 003-F14

August 2024

Clear Form

Reference: [Reg. 200-46](#)

(To be completed by employee's supervisor – may type on form or print/handwrite)							
Employee's Name:				Employee's Position:			
Employee's Location/Dept:				Employee's ID #:			
Final Work Date:				Supervisor's Name/Title:			
<a href="#">Employee Exit Checklist</a>							
Reason for Exit:	<input type="checkbox"/> Resignation	<input type="checkbox"/> Retirement	<input type="checkbox"/> Termination	<input type="checkbox"/> Transfer New Location:	<input type="checkbox"/> Leave of Absence		
1. If employee is resigning or retiring, has the employee submitted written notice to you?							
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. Has the employee completed the Status Change Form (on FCPS website <a href="http://www.fcps.org/forms">www.fcps.org/forms</a> ) and returned it to Human Resources? <b>(REQUIRED OF ALL EMPLOYEES WHO ARE RESIGNING, RETIRING OR LEAVE OF ABSENCE – supervisor must notify employee to do so)</b>							
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3. Does a completed Employee Receipt for FCPS Property (Reg. 200-46) exist for this employee at this location? (If so, utilize it to help process this Property-Recovery Checklist)							
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>ALL PROPERTY IS TO BE COLLECTED BY THE EMPLOYEE'S SUPERVISOR</b>							
<b>SUPERVISOR: CHECK A BOX FOR EACH LINE ITEM LISTED BELOW</b>							
Item Collected (Use N/A for all items never issued to the employee)					Supervisor returned item to:	Date Returned	Notes
Cell Phone	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
Computer, Desktop	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
Computer, Laptop *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
Computer, Tablet	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
Credit Card/ P-Card	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A	Purchasing Department		
Credit Card/ Fleet Gas	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A	Transportation Department		
Equipment (List below)							
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
ID Badge/ Keycard	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A	Security Department		
Keys- Office/Desk	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
Keys – Building Master	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
Keys – Systemic Grand Master	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A	Security Department		
Keys - Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			

\* If a school-based employee is changing locations, the laptop assigned to the employee will move with the employee to the new location. Central staff will continue to turn their laptop in prior to moving to a new location.

Item Collected (Use N/A for all items not issued to employee)					Supervisor returned item to:	Date Returned	Notes
Parking Tag/ Garage Pass	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A	Building Manager		
Tool Kit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
Tools, Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
Uniform	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
Vehicle	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
Walkie Talkie	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			

**ADDITIONAL ITEMS NOT LISTED ABOVE:**

	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOST	<input type="checkbox"/> N/A			

**ADDITIONAL NOTES:**

**Employee and supervisor are in agreement regarding the information submitted on this form:**

Printed Name of Employee:	Printed Name of Supervisor:
Employee's Signature & Date:	Supervisor's Signature & Date:

**Submit copies of completed form to:**

- 1 – Employee
- 2 – Person in charge of equipment inventory at your location
- 3 – Supervisor's File
- 4 – Human Resources for Personnel File
- 5- Accounts Receivable and Assets Office (only if any items marked as LOST are over \$50 in value)