



EMPLOYEE CHECK-OUT FORM

MANAGER/SUPERVISOR: Fill out the first three lines of this form and give it to the employee on his/her last day of work and direct employee to proceed to the places indicated, as applicable. Please attach completed form to Separation Form and forward to Human Resources.

EMPLOYEE'S NAME: _____ EMPL ID: _____

DEPT NAME: _____ JOB TITLE: _____

LAST DAY OF WORK: _____ CIVILIAN/MILITARY/RET MIL/MIL DEP
(Circle one)

EMPLOYEE: Report to the Persons/Places listed below as applicable.

1. **Activity Manager/Supervisor:** All uniforms, name tag, keys, smocks, tools, etc., previously checked out to employee have been recovered.

	_____	_____
	Date	Signature of Manager/Supervisor
Common Access Card (CAC)	_____	_____
	Date	Signature of Manager/Supervisor
Government Issued Credit Card	_____	_____
	Date	Signature of Manager/Supervisor
MCCS Privilege Identification Card	_____	_____
	Date	Signature of Manager/Supervisor
USMC Serv Mart Card	_____	_____
	Date	Signature of Manager/Supervisor

2. **Benefits Section:** Employees enrolled in the Retirement Plan, any Medical/Dental Insurance or 401K **must** see the Benefits Human Resources Technician at Bldg. 1401.

_____	_____
Date	Signature of Benefits HR Technician

3. **Vehicle Registration Office, Bldg. 60:** (Not applicable to military/family members). The above named individual has completed all required check out procedures at this Activity. Vehicle decal has been removed.

_____	_____
Date	Signature of Vehicle Registration Official