

## END OF EMPLOYMENT

<b>LOCATION</b>	AVATAR PM→PRACTITIONER→PRACTITIONER REGISTRATION→END OF EMPLOYMENT
<b>PURPOSE</b>	The purpose of this form in to complete all necessary items on the checklist before a staff member resigns.
<b>RULES</b>	<ul style="list-style-type: none"><li>All items on check list need to be completed, click on the light bulbs on the right for detailed information regarding each item.</li><li>SIGNATURE is REQUIRED</li></ul>
<b>STEPS</b>	<ol style="list-style-type: none"><li>Enter your Staff ID or Staff name (Last,First) no spaces, select the staff name then click on Select</li><li>In the End of Employment section, complete all the fields. Please make sure to check off the items on the check list once they have been completed.</li><li>Submit the form</li></ol>

Select Staff

test

1

Results

QI CLINICIAN TEST (000032)

Select Cancel

End of Employment

End of Employment

3 Submit

Last Date of Employment

2

Date of Exit Interview

Resignation Letter Submitted to Supervisor

Date Letter Submitted to Supervisor

Supervisor Name

Additional Comments or Notes

The following must be completed before date of resignation

- All charts must be current
- Return all clinic material
- Run 200 Case Coordinator Report
- Run 202 Admitting Practitioner Report
- Update county ph voicemail

It is policy of the Department to protect the confidentiality of clients and their records. All Services offered by the Health Department are confidential in nature. I recognize that at the end of my employment I may no longer discuss clients or services provided.

Staff Signature

Get Signature