



# Tennessee Department of Children's Services

## Separated Employee Checklist

Organize separated employee file in the below order and place a check mark beside each item that is contained in the folder. Sign, date and file this form in the front of separated employee.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Department: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

*	Separation Notice	DOCUMENTS INCLUDED IN SEPARATED EMPLOYEE FILE LISTED BELOW.
*	Letter of Dismissal or Resignation	<p>DCS Background checks to include: Fingerprints Criminal checks Driver's License Checks Sex Offender Registry Abuse Registry Checks TFACTS</p> <p>Employee references:</p>
*	Leave Balance Record & Payable Time Detail (leave for separation and C-7's)	
	All 201s/DIRs/JCRs (in chronological order) and supporting documents, including: <ul style="list-style-type: none"><li>• Board of Claims leave form, accident report (omit medical documents.)</li><li>• Special leave, maternity, military, FMLA, LWOP (omit medical documents)</li><li>• Disciplinary actions-suspension letters or written warnings</li></ul>	
	Application/Resume (each job held prior to NeoGov)	
	Proof of Education/Training Records and Certificates (GED, diploma, transcript/training summary)	
	Military Record (DD-214, disability letter)	
	Social Security Card	
	Employment Policies both State and Agency (only signature page)	
	Life Insurance Beneficiary Form	
	Change of Beneficiary Form (of any kind)	
	Retirement Form (enrollment)	
	Old Cardex File Cards	
*	<b>DOCS SENT VIA EPAF DO NOT NEED PRINTED OUT OR PLACED IN SEPARATION FILE. THE BELOW DOCUMENTS WILL BE SENT WHEN THE SEPARATED EMPLOYEE IS PRE-EDISON (9-1-2008) AND THE DOCUMENTS LISTED BELOW ARE THE ONLY KNOWN COPY.</b>	<p><b>NOTE:</b> <b>PLEASE ENSURE THERE IS ONLY ONE COPY OF ANY DOCUMENT AND DISCARD ANY DUPLICATES. DO NOT SEND TO DCS HR ANY LIENS, EMPLOYEE I-9'S, PERFORMANCE MANAGEMENT DOCUMENTS, GARNISHMENTS, AND CHILD SUPPORT ORDERS UNLESS THE ORDER PERTAINS TO THE EMPLOYEE WAGES. CHILD SUPPORT ORDERS ASSOCIATED WITH HEALTH INSURANCE WILL BE RETURNED TO THE AGENCY SINCE THIS INFORMATION IS MAINTAINED IN BENEFITS ADMINISTRATION. PLEASE REMOVE ALL STAPLES, POST IT NOTES AND THE AGENCY SPECIFIC SEPARATION CHECKLIST. ALL DOCUMENTS WITHIN THE EMPLOYEE FILE SHOULD BE ON 8 X 11 SIZE SHEETS OF PAPER.</b></p> <p><b>QUESTIONS: 615-741-9174</b></p>
	W-4 Form	
	Health Insurance Card or Form	
	Dependent Listing Card or Insurance Form	
FILE CHECKED BY _____ DATE _____		
<b>DCS USE ONLY:</b> AUDITED BY: _____ DATE _____		

Always check the "Forms" Website for most current version. This form may not be altered.

Distribution:

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