Checkout Form
Non-returning Staff

Please fill out this form if you will NOT be returning in the fall.

Name: _____

- ☐ I have completed the following submissions:
  - ☐ Reimbursement forms (mileage/meals) ► business manager
  - ☐ Current/updated address and phone number (for tax forms, insurance, etc.) ► business manager
  - ☐ Inventory list of my ESU 17-owned supplies ► administrative assistant
  - ☐ Keys ► administrative assistant

- ☐ I have completed all paperwork (including progress reports, IEPs, MDTs, etc.).
- ☐ My Google calendar is up-to-date and accurate.
- ☐ My leave requests are completed and match my Google calendar.
- ☐ I have paid for any devices that I am keeping.
- ☐ I acknowledge my email account will be shut off in 90 days.
- ☐ I have completed my responsibilities as stated in my contract with ESU #17.
- ☐ If I provided services in a licensed Daycare/s, they are listed below.
  - ☐ _____
  - ☐ _____
  - ☐ _____

_____
Signed

_____
Date

For Internal Use Only

- ❑ Remove Individual Profile - Maximus
- ❑ Update NEBMAC Participant List
- ❑ Update Staff Contact Information
- ❑ Update Electronics Inventory
- ❑ Email Account Shut-off Request
- ❑ Keys Received _____

Check-out completed by: _____