



# Regional One Health

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### Human Resources Check-Out Form

After you have completed the form please email to:

[ITHelpDesk@regionalonehealth.org](mailto:ITHelpDesk@regionalonehealth.org)

[Humanresources@regionalonehealth.org](mailto:Humanresources@regionalonehealth.org)

Please complete and forward the attached form prior to the employee's last work day:

Name of Employee:	Date:	
Department:	Depart#:	
<p>I certify that this employee has returned the following:</p> <p><input type="checkbox"/> Keys   <input type="checkbox"/> Computer Equipment   <input type="checkbox"/> Other Equipment   <input type="checkbox"/> Uniforms</p> <p><input type="checkbox"/> Parking Card   <input type="checkbox"/> All Other Regional One Health Assets</p>		
<p>The employee has been informed to contact Human Resources regarding health/life insurance, benefits, 403(b) withdrawal, and etc.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>		
Supervisors/Director's Comments:		
Signature:	Title:	Date:

