

# Departure Listing



**Employee Name:**

**Department:**

ONC BOCES  
 PO Box 382, 2020 Jump Brook Road  
 Grand Gorge, NY 12434

Phone: 607-588-6291 Ext. 2177 or 2178  
 Fax: 607-588-7022  
 www.oncboces.org

Please be sure to collect all items from the departing employee. Both employee and supervisor must sign this form indicating that all items and requested information has been collected.

Do you have keys, equipment, passwords, etc. that we need to collect from you?	
<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Lesson Plans/Guide
<input type="checkbox"/> PDA Device	<input type="checkbox"/> Keys
<input type="checkbox"/> Laptop Computer	<input type="checkbox"/> Thumb Drives
<input type="checkbox"/> Computer	<input type="checkbox"/> Tools
<input type="checkbox"/> IPAD	<input type="checkbox"/> Office Equipment
<input type="checkbox"/> Printer	<input type="checkbox"/> Other
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Passwords
<input type="checkbox"/> Credit Cards	<input type="checkbox"/> Other Electronic Device

**Other:**

**Employee:**

Date:

**Supervisor:**

Date: