

ASSOCIATE SEPARATION / TRANSFER CHECKLIST

ASSOCIATE NAME	ASSOCIATE USER ID (System ID)	MANAGER NAME	DATE OF JOINING	LAST WORKING DATE
DEPARTMENT	JOB TITLE		ASSOCIATE NO.	
IT	FINANCE		ADMINISTRATION	
<ul style="list-style-type: none"> Laptop Laptop bag RSA Token Data Card Charger Mobile Phone and Corporate Charger Others (Please specify with details) 	<ul style="list-style-type: none"> Cash Advance Expense Claims <ul style="list-style-type: none"> Recovery To be paid to Associate Corporate Card Closure Others (Please specify with details) 		<ul style="list-style-type: none"> Associate Access Badge/ID Card Corporate AE Card Corporate SIM Card /Bill payment status Corporate Data card Left out stationery (Business Cards/others) Storage/Pedestal keys Fire Emergency Kit Global Calling Card/ Phone Card Others(Please specify with details) 	
_____	_____		_____	
ACKNOWLEDGED BY:	ACKNOWLEDGED BY:		ACKNOWLEDGED BY:	
DATE:	DATE:		DATE:	

Signature of Associate

Date:

Personal Email ID:

Mobile No:

Acknowledged by Manager

Date: