



RESIGNATION & RETIREMENT ACCEPTANCE FORM - PART 1

For assistance, please contact the HR HelpDesk: (867) 678-6625 or 1-866-475-8167.

1. EMPLOYEE INFORMATION

EMPLOYEE'S NAME: _____ SUPERVISOR'S NAME: _____

EMPLOYEE ID: _____ RECORD NUMBER: _____

DEPARTMENT: _____ POSITION TITLE: _____

LAST DAY OF EMPLOYMENT*: _____ ARE YOU LEAVING THE GNWT? Yes No

*Last Day of Employment: the last day you will receive pay from the GNWT, including any vacation leave or other leave with departmental approval. Employees are responsible for entering all leave in HRIS (<https://samhris.gov.nt.ca>). This date does not reflect any severance period. Employees who are entitled to extend service with severance will be contacted by Financial & Employee Shared Services. **All fields are required**, any missing information will not be processed. **Please clearly identify termination date.**

2. EMPLOYEE COMMENTS

I hereby resign my position.

Employee Signature

Date: DD-MMM-YYYY

3. SUPERVISORS'S COMMENTS

Supervisors are responsible to ensure all leave granted to employees is entered and approved including any leave after their last physical day in at work.

Resignation Acceptance (The Employee has 48 hours to rescind the resignation.)

Supervisor's Signature

Date: DD-MMM-YYYY

Deputy Head/ Director's Signature

Date: DD-MMM-YYYY

EMAIL THIS PAGE TO YOUR HUMAN RESOURCES REPRESENTATIVE WHEN SIGNED OFF BY ALL PARTIES

RESIGNATION & RETIREMENT ACCEPTANCE FORM - PART 2

4. EMPLOYEE CHECKLIST (to be completed on or before the last day worked.)

EMPLOYEE'S RETURNED THE FOLLOWING ASSETS:	OTHER ACTION ITEMS:
<input type="checkbox"/> Keys <input type="checkbox"/> Credit Cards <input type="checkbox"/> Cell Phone/ BlackBerry/ Smart Phone/ Pager <input type="checkbox"/> Laptop/ Tablet <input type="checkbox"/> Government ID Card <input type="checkbox"/> Other (Uniforms, petty cash, etc)	<input type="checkbox"/> Provided Voicemail Password <input type="checkbox"/> Secured Electronic Records <input type="checkbox"/> Handed off Work Assignments <input type="checkbox"/> Updated New Address in Self Service (HRIS) If you are moving, please update your contact information in HRIS (https://my.hr.gov.nt.ca/employee-services).
EMPLOYEE COMMENTS:	

I hereby certify I have returned all Government Assets.

Employee Signature

Date: DD-MMM-YYYY

5. TO BE COMPLETED BY SUPERVISOR

<input type="checkbox"/> Copy of page 1 forwarded to HR with all required signatures <input type="checkbox"/> Signed original provided to employee <input type="checkbox"/> Copy retained for review with employee on last office day <input type="checkbox"/> Assets retrieved, made arrangements to obtain PST file (Email) <input type="checkbox"/> TSC- Made arrangements to obtain PST file (Email) <input type="checkbox"/> TSC- Requested employees email to be inactivated <input type="checkbox"/> TSC- Retained access to employee's G:/ Drive <input type="checkbox"/> Contacted department IT unit to delete access to various systems <input type="checkbox"/> Employee's ePerformance documents are completed or transferred to new supervisor All leave requests and timesheet entries on PeopleSoft are approved/ denied? <input type="checkbox"/> Yes	Date Completed: Date Completed: Date Completed:
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Supervisor's Signature

Date: DD-MMM-YYYY