# ICAP

# EMPLOYEE TERMINATION / TRANSFER FORM

***This form must be completed prior to or – at the latest – on the last day*** *that the person is serving in this ICAP position. The list below represents the minimum information required and, depending on the position, may be expanded.*

**NAME OF DEPARTING EMPLOYEE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTRY OFFICE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Date of contract termination (if applicable) |  |
| Date of transfer (if applicable) |  |
| Vacation used since the last time-off tracking form submitted |  |
| Vacation remaining per ICAP’s records |  |
| Sick days used since the last time-off tracking form submitted |  |
| All time-off tracking forms, including final one, submitted  | Yes / No |
| Amount of still outstanding travel, business, and personal advances, if any |  |
| Final salary due |  |
| Severance due (if applicable) |  |
| Unused vacation pay due |  |
| All keys issued to employee returned | Yes / No |
| ICAP identification card turned in | Yes / No |
| All ICAP documents – in both hard copy and electronic copy – handed over | Yes / No |
| All data generated during ICAP employment handed over | Yes / No |
| ICAP equipment (computers, hard drives, phones, etc.) and software issued to employee returned | Yes / No |
| All access to IT systems removed, UNI deactivated (see below) | Yes / No |
| Banks notified to delete employee from list of authorized signatories and terminate access to online banking, if applicable, and copy of notification sent to ICAP NY Finance | Yes / No |
| Outside contacts (government, donors, etc.) notified of the employee’s departure, as applicable (yes/no) | Yes / No |

***For International Assignees Only***

|  |  |
| --- | --- |
| Home leave days used since last time and attendance report submitted |  |
| Last day worked in country of assignment |  |
| Amount spent on packing and shipping of personal effects and amount of shipping allowance (if applicable) |  |
| Actual date of departure |  |
| Estimated date of arrival at home of record (if applicable) |  |
| Estimated date of arrival at new post (if applicable) |  |

**COMPLETED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF DEPARTING EMPLOYEE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNI DEACTIVATION through Delegated Identity Administration (DIA)**

**Country Office Human Resources ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE DEACTIVATED (DIA Entry)****mm/dd/yyyy** | **DEACTIVATE****EFFECTIVE DATE****mm/dd/yyyy** | **ENTERED BY** | **UNI of Terminated Employee** | **AFFILIATION(S) (administrative, academic or both)** |
|  |  |  |  |  |

Please make sure this information is included in the payroll file.