

# CDNI Care Pty Ltd

## Staff Exit Checklist

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Please indicate which tasks have been completed using the following symbols:

✓	Returned/Completed
□	Not returned/completed
N/A	Not applicable

**Staff member's Name:**

**Return of Company Property (to be completed by Supervisor/Manager):**

- Laptop/PC
- Mobile Phone
- Credit Card
- Company vehicle and keys
- Office Keys

**Salary and Benefits (to be completed by Finance Officer):**

- Salary until last day of employment
- Unused annual leave credits
- Unused annual leave loading
- Unused RDO/TOIL credits
- Overtime
- Final entitlements paid
- Superannuation

**Other:**

Forwarding address for Payment Summary:

Address:	Telephone: (h)
	(w)
	Mobile:
	e-mail:

Certificate of Service required

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*Signature*

**Date:**

**Staff member's signature**

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*Signature*

**Date:**

**Supervisor/manager's signature**