Line Managers Exit Pack
Coventry & Rugby GP Alliance

V1.0 December 2025

Line Manager Name:

Leaver Name:

Off Boarding Checklist

	Action Items	Relevant Department Contact	Manager to Sign when Completed
	Acknowledge receipt of resignation, confirm leaving date and send to HR. Issue acceptance of resignation letter.	Line Manager HR	
Notify External Contacts at Point of Resignation	Notify relevant contacts, contract holders, of employee departure and provide alternate points of contact if necessary. If nominated lead inform Governance to update internal documents.	Line Manager Line Manager	
Asset Management	**Request previously completed Property form from HR or below to be completed if not available when:** Laptop returned (If applicable) Work Phone returned (If applicable).	HR Line Manager	
	ID Badge returned	Line Manager	
	Key/Gate fob/Swipe retuned	Line Manager / Office Coordinator	
	Other work equipment collected throughout employment (including equipment issued to meet reasonable adjustments) to be returned.	Line Manager/Office Coordinator	
Internal Systems	Ensure leaver form on Marvel/ Sunrise has been completed. Ensure access is revoked for department links, L/G drive, and relevant mailboxes. NHS email released from CRGPA.	Line Manager CWPT IT/MLCSU IT	
	Ensure access to other relevant systems such as EMIS/SystmOne, AccuRX, Smartcard	Line Manager	
	Set up forwarding emails, add out of office and transfer ownership of relevant contacts and documents if relevant.	Employee/Line Manager	
	Liaise with departments to ensure system access revoked for: Datix. Xon.	Governance Office Coordinator	

	Practice Index HR System	HR HR	
	Process as a leaver on HR System, Payroll and arrange exit interview/share link.	HR	
	Communicate to Occupational Health (to hold back any in-process / scheduled vaccines etc.) if applicable.	HR	
Other	Prepare handover notes and provide to manager.	Employee/Line Manager	
	Notify Training Hub to remove from Comms	HR	
	Bid farewell to ensure a pleasant exit experience.	Line Manager	

Line Manager signature ……

Leaver signature ……

Date…….

RETURNING COMPANY PROPERTY

1. Employee Information

Full Name _____
Department _____
Job Title _____
Manager/Supervisor _____
Last Working Day (if applicable) ____ / ____ / _____

2. Reason for Return (Check one)

☐ Termination
☐ Resignation
☐ Role Change
☐ Equipment Replacement/Upgrade
☐ Other: _____

3. List of Returned Equipment

Item Description e.g. laptop, phone, key	Serial / Asset Number (if applicable)	Condition	Accessories Included e.g. charger, case, bag

4. Return Date

Date Returned: ____ / ____ / _____

5. Return Received By

Name _____
Department _____
Signature _____
Date ____ / ____ / _____

6. Employee Acknowledgment

I confirm that I have returned all listed company property and understand that failure to return items may result in financial deductions or legal action.

Employee Signature: _____
Date: ____ / ____ / _____

7. Notes / Exceptions

On completion, pleasure ensure this form is returned to HR.
Please ensure that all equipment has been returned to equipment holder i.e. Office Manager/Practice Manager.