

ACADEMIC INTERN EXIT CHECKLIST
Michigan Department of Community Health (DCH)

INTERN INFORMATION	
Intern Name	Employee ID Number
Start Date	End Date
Hospital, Center, Office or Division	Work Location (City and Building)
Mentor/Supervisor Name	

STATE PROPERTY RETURNED	YES	NO	NOT APPLICABLE
Parking Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ID Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card (purchasing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone Calling Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone / Pager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptops / Palm Pilots returned to mentor / supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETED	YES	NO	NOT APPLICABLE
Network User ID Request form signed (Form DIT-0161) Attach signed form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentor / Supervisor demonstrate how to navigate the State Job Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentor / Supervisor sent file to Intern Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURES			
Intern Signature	Date	Mentor / Supervisor Signature	Date