**Checklist to be completed by Manager/Supervisor when a staff member is placed on Precautionary suspension:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Items** | **Handed in** | **Not Handed in** | **Received by (full name)** |
| Keys |  |  |  |
| Laptop |  |  |  |
| Cellphone  |  |  |  |
| Staff Card |  |  |  |
| Other items belonging to Rhodes University.  **Please List:** |  |  |  |

|  |  |
| --- | --- |
| **Yes** | **No** |

**Was IT informed to suspend access to : e-mails, protea, etc.**

**Signature:** ...............................................................

**Name:** .................................................................

**Designation:** ..................................................................

**Date:** ..................................................................