Termination Checklist



Employee Name:_____ Termination Date: ____/____/____

Position:_____ Department: _____

Reason for Termination:_____

TERMINATION CHECKLIST:

☐ Exit Interview Date _____/_____/_____

☐ Exit Interview Notes in File

☐ Resignation Letter Received (if applicable)

☐ Open Requisition Completed

☐ Forwarding Address:

_____

Street **City**
State **Zip**

EMPLOYER PROPERTY

☐ Office Keys City

☐ Cell phone ☐ Yes ☐ No ☐ Not Applicable

☐ Pager ☐ Yes ☐ No ☐ Not Applicable

☐ Credit Card

☐ Laptop

☐ Other ☐ Yes ☐ No ☐ Not Applicable

ACCESS CANCELLATION

☐ Building Alarm Code Cancelled

☐ Disconnect Computer Login

☐ Email Address Removed from Staff List

☐ Desk/workspace Area Cleaned Out

☐ Employee Voicemail Removed

☐ Name Removed from Time Clock if Applicable

☐ Name Removed from Staff Phone List

BENEFITS

☐ Life Insurance Cancelled

☐ Does Employee Want COBRA ☐ Yes ☐ No

☐ COBRA Notification Mailed ☐ Yes ☐ No

☐ Health Insurance ☐ Yes ☐ No

☐ Dental Insurance

☐ Retirement Contributions Stopped ☐ Yes ☐ No

FINAL PAY

☐ Final Hours Calculated _____

☐ Final Paycheck

☐ Vacation Payout

Checklist Completed By: _____Date: ____/____/____