

# 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:

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Street

State

City  
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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_