

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 Yes No Not Applicable
- 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: _____/_____/_____