

SEPARATION CHECKLIST FOR USE BY RESTAURANT AND OTHER FOOD SERVICE EMPLOYERS

FORM DESCRIPTION	DATE GIVEN	DATE RECORDED	DATE FILED/SENT
<input type="radio"/> Final Paycheck and Signed Acknowledgment			
<input type="radio"/> Notice to Employee as to Change in Relationship			
<input type="radio"/> For your Benefit (Form 2320)		N/A	N/A
<input type="radio"/> Cal-COBRA Notice to Carrier	N/A	N/A	
<input type="radio"/> COBRA Continuation Coverage Election Notice*	N/A	N/A	
<input type="radio"/> Acknowledgment of Receipt of Notification of COBRA Rights*			
<input type="radio"/> Health Insurance Premium (HIP) Notice		N/A	N/A
<input type="radio"/> Exit Interview			

Forms in **bold** are legally required for all California employers.

* Required at time of termination for some employers.

EMPLOYEE NAME

SEPARATION DATE

HUMAN RESOURCES / MANAGER

DATE



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