

TERMINATION CHECKLIST

NAME

LAST DAY WORKED

JOB TITLE

LOCATION / DEPARTMENT

Following items were discussed with employee if YES is checked
 or were not applicable if N/A is checked:

	YES	NO	N/A
Communicate Return-to-Work Plan and Timeline to employees			
Reasons for Separation			
Unemployment Filing Procedures			
COBRA Information			
Life Insurance Conversion			
Retirement/Savings Payout Options			
Outstanding Expense Payments/Requests			

The employee returned the following items:

	YES	NO	N/A
ID Card/Badge			
Door Key(s) or Electronic Cards			
Credit Cards			
Company Records or Manuals			
Cell Phone			
Laptop Computer			
Other: _____			

Other Actions/Items provided:

	YES	NO	N/A	DATE PROVIDED
Final Paycheck				
Paycheck for all earned but unused vacation pay				
Unemployment Separation Notice				
Computer Privileges/Passwords Deleted				
COBRA Notices				
Insurance Continuation Information				
Retirement Information				
Separation Notice and Letter				
Address Verification				
Employee statement related to separation				
Accounting Notified				

This is a correct record of the items discussed, items returned and of the items provided.

EMPLOYEE'S SIGNATURE

DATE SIGNED

MANAGER'S SIGNATURE

DATE SIGNED

PLACE ORIGINAL IN EMPLOYEE'S PERSONNEL FILE

