

Termination Checklist

Employee Information

Employee Name	Location	Term Date
----------------------	-----------------	------------------

If termination is involuntary

Documentation of performance issues and disciplinary action is in employee file.

Employee's last day of employment

Resources <input type="checkbox"/> N/A <input type="checkbox"/> Notify health insurance about COBRA Letter <input type="checkbox"/> N/A <input type="checkbox"/> Schedule exit interview with HR Department	Accounting/Finance <input type="checkbox"/> N/A <input type="checkbox"/> Obtain receipts for final balances on corporate credit card and cancel card. <input type="checkbox"/> N/A <input type="checkbox"/> Final Expense Reports submitted.
Office Coordinator/Facilities <input type="checkbox"/> N/A <input type="checkbox"/> Cancel voicemail account effective employee's last day. <input type="checkbox"/> N/A <input type="checkbox"/> Request to have employee's network access closed effective employee's last day. <input type="checkbox"/> N/A <input type="checkbox"/> Terminate in PFW	

Last day of employment

<input type="checkbox"/> N/A <input type="checkbox"/> Explain COBRA -Packet will be mailed within 14 days of termination date - Have 60 days to elect coverage <input type="checkbox"/> N/A <input type="checkbox"/> 401K Qualified Plan Redemption Request with w/special tax notice	<input type="checkbox"/> N/A <input type="checkbox"/> Verify Address <input type="checkbox"/> N/A <input type="checkbox"/> Collect keys <input type="checkbox"/> N/A <input type="checkbox"/> Collect laptop, cords and carrying case <input type="checkbox"/> N/A <input type="checkbox"/> Collect cell phone, charging cords and carrying case <input type="checkbox"/> N/A <input type="checkbox"/> Collect corporate credit card <input type="checkbox"/> N/A <input type="checkbox"/> Collect uniforms <input type="checkbox"/> N/A <input type="checkbox"/> Any company tools <input type="checkbox"/> N/A <input type="checkbox"/> Departure is communicated to staff
--	---

After the employee's last day

N/A Check for any additional amounts owed for commissions, expense reports, etc.
 N/A Notify payroll to stop coverage on health, ADP flex
 N/A Notify payroll to withhold final pay until all company items are returned

Employee Signature

Date: _____

Supervisor Signature

Date: _____

Return to Human Resource Department