

Employee Termination Checklist

Employee Name: _____
 Supervisor: _____ Dept: _____ Account #: _____
 Forwarding Address (if changed):

 Phone number: Day: () _____ - _____ Eve: () _____ - _____
 Last day worked: _____

Instructions: Please put your initials and the date next to the action that has been taken.

Voluntary Termination

_____ Obtain resignation in writing from Employee

Other (*Death, Military*) Reason _____

_____ Received supporting documentation

Involuntary Termination (*Steps to follow*)

_____ a) Corrective action followed (if applicable)

_____ b) Explanation provided to employee

_____ c) Human Resources reviewed information

_____ d) Letter of termination including reasons

Review With Employee

_____ Effective Date of Termination

_____ Final wages

- Check to be direct deposited
- Check to be picked up Where? _____
- Check to be mailed Where? _____

_____ Benefit pay (if applicable)

- Accrued time off
- When received

_____ Benefits information summary

_____ Rehire eligibility:

Y N

_____ How references will be handled

_____ Subsequent access to premises

Collect

_____ Key Fob

_____ All keys (locker, bldg, desk, cabinets, etc)

_____ Final Timesheet

_____ Cellular phones

_____ iPad

_____ Laptop computer

_____ Parking tag

_____ ID card

_____ Reference/Training/Manuals

_____ Any proprietary materials/
property

Give to Employee (Optional)

_____ Exit Interview

_____ Benefits information (COBRA, etc)

_____ Contact information for HR

Other

_____ Clean work area, remove personal belongings

_____ Process Termination (HR, Payroll)

Cancel

_____ Computer access

_____ TSIS

_____ Remove from phone list – dept.

_____ Cancel email

_____ Benefits (CHS)

_____ Direct Deposit

_____ Lunch Account

Notes:

Signature of Supervisor and Date:

Supervisor should complete form and notify other areas as appropriate to ensure that all parts of the checklist are completed. Return form to HR when complete.