

TERMINATION CHECKLIST

EMPLOYEE NAME: _____ JOB TITLE: _____
 LAST WORKDAY: _____ REASON FOR LEAVING: _____
 Send Original Copy to: _____

The following items were discussed with employee: (Please check the appropriate box)

Notice of Change of Status completed and sent to Office	yes	n/a
Manager / Human Resources Representative	Yes	n/a
Employee Information Release	yes	n/a
Accrued PTO / Vacation Due	yes	n/a
Outstanding Expense Reports/Advances	yes	n/a
Final Paycheck Acknowledgement	yes	n/a
Health Insurance Continuation (e.g. COBRA)	yes	n/a
Health Insurance Conversion	yes	n/a
Life Insurance Conversion	yes	n/a
Retirement Payout options	yes	n/a
Rights to Unemployment Insurance	yes	n/a
Computer / Network Access Disabled	yes	n/a
Phone Calls Forwarded	yes	n/a
Voicemail Access Disabled	yes	n/a

The employee returned the following items: (Please circle)

Door key(s) specify: _____	yes	n/a
Drawer / cabinet / locker key(s)	yes	n/a
Company credit cards	yes	n/a
Name Badge	yes	n/a
Access Cards	yes	n/a
Cell phone	yes	n/a
Laptop	yes	n/a
Office Furniture	yes	n/a

Company records, manuals	yes	n/a
Other _____	yes	n/a
Other _____	yes	n/a
Other _____	yes	n/a

If any item not accounted for, please explain:

This list is a correct record of the items we discussed and of the items that were returned.

_____ Date: _____
 [Departing Employee]

_____ Date: _____
 [Office Manager / Human Resources Representative]

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