Checklist: Employee Termination

| Employee name: | Department: |
|--|---|
| Termination date: | |
| Type of Termination | |
| □ <u>Voluntary:</u> | |
| ☐ Received employee's resignation l written confirmation of resignation | etter. (If verbal resignation, provided employee with a n). |
| ☐ Exit interview scheduled. | ☐ Exit interview completed. |
| □ <u>Involuntary:</u> | |
| ☐ Provided employee with termination | on letter. |
| ☐ Provided employee with severance | e agreement if eligible. |
| ☐ Received signed severance a | greement. |
| ☐ Provided employee with WARN no | otice (if applicable). |
| Benefits | |
| ☐ Provided employee with termination/co information (COBRA, life insurance, s | ntinuation of employment insurance benefits supplemental insurance, etc.) |
| ☐ Checked FSA/HSA participation and in reimbursement deadlines, if applicab | . , |
| ☐ Checked dependent care FSA participal reimbursement deadlines, if applicable | ation and informed employee of remaining funds and le. |
| ☐ Checked PTO balance and informed eleprocessed at termination of employm | mployee of any remaining PTO and how it will be ent. |
| \square Informed employee about retirement pl | an account options. |
| Compensation | |
| ☐ Provided notice of policy regarding any (e.g., educational loans/pay advance | outstanding balances for money owed to company s). |
| $\hfill\square$ Notified payroll department to process | final paycheck. |
| ☐ Informed payroll of any unused but ear | ned PTO amounts due to the employee. |

| $\hfill\Box$ Notified payroll to process severance pay and whether lump sum or salary continuation (if applicable). | | |
|--|--|--|
| Contracts/Legal | | |
| ☐ Provided written notice to employee of any legal obligations that continue post-employment (e.g., noncompete/confidentiality agreements/employment contracts). | | |
| Immigration | | |
| ☐ Notified company immigration attorney of termination if employee is on a temporary work visa. | | |
| Records | | |
| ☐ Pulled personnel file to be stored with terminated employee files. | | |
| ☐ Pulled Form I-9 to be stored with terminated employees' I-9s. | | |
| ☐ Obtained written authorization from employee to respond to employment verification requests. | | |
| Information Technology | | |
| ☐ Disabled e-mail account. | | |
| ☐ Removed employee's name from e-mail group distribution lists; internal/office phone list; website and building directories. | | |
| ☐ Disabled computer access. | | |
| ☐ Disabled phone extension. | | |
| ☐ Disabled voicemail. | | |
| Facilities/Office Manager | | |
| ☐ Disabled security codes, if necessary. | | |
| ☐ Changed office mailbox. | | |
| ☐ Cleaned work area and removed personal belongings. | | |
| ☐ Collected the following items: | | |
| \square Keys (\square office \square building \square desk \square file cabinets \square other) | | |
| □ ID card | | |
| ☐ Building access card | | |
| ☐ Business cards | | |
| □ Nameplate | | |
| | | |

| □ Name badge | | |
|----------------------|-------|---|
| ☐ Company cell phone | | |
| ☐ Laptop | | |
| ☐ Uniforms | | |
| ☐ Tools | | |
| □ Other | | |
| ☐ Other | | |
| | | |
| Form completed by: | Date: | _ |
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