

SAMPLE
CHECKLIST FOR TERMINATION
(ATTACH ALL TERMINATION DOCUMENTATION)

Employee name: _____ Department: _____ Date: _____

Supervisor/Manager's name: _____

Complete and check off all areas of the form.

_____ Voluntary

_____ Involuntary

_____ With notice

_____ Reason given _____

_____ Lay off

_____ Eligible for rehire _____ Yes _____ No

If no, why _____

_____ Vacation/holiday pay paid and explained

_____ Letter of resignation/separation notice completed

_____ Return of ALL company property:

_____ Keys _____ Parking pass _____ telephone codes _____ credit cards

_____ State regulated forms distributed and discussed (typically involuntary terminations only)

_____ Insurance conversion discussed, appropriate forms delivered

_____ Exit interview completed with employee

_____ Final check delivered to employee

Supervisor/Manager Signature: _____ Date: _____

(Forward original to Human Resources for personnel file
1 copy to be kept in Manager's file)