

TERMINATION CHECKLIST FOR HR

Employee Name: _____ Job Title: _____

Department: _____ Last Day Worked: _____

Reason for Termination: Resignation Layoff Discharge Retirement
 Other: _____

Items to be returned

- | | | |
|--|---|--|
| <input type="checkbox"/> I.D. Badge | <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Company Financial Info |
| <input type="checkbox"/> Building Keys/Access Card | <input type="checkbox"/> Tools/Uniforms | <input type="checkbox"/> Company Files |
| <input type="checkbox"/> Desk/File Keys | <input type="checkbox"/> Safety Equipment | <input type="checkbox"/> Company Manuals |
| <input type="checkbox"/> Computer/Laptop | <input type="checkbox"/> Customer Lists | <input type="checkbox"/> Designs, Formulas, etc. |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Price Lists | <input type="checkbox"/> Company Vehicle |
| <input type="checkbox"/> Palm Pilot | <input type="checkbox"/> Calling Cards | |
| <input type="checkbox"/> Other: _____ | | |

Information to be reviewed with exiting employee

Agreements:

- Employment Agreement
- Non-compete and non-solicitation Agreement
- Intellectual Property Agreement
- Confidentiality Agreement

Pay and Benefits:

- | | |
|---|---|
| <input type="checkbox"/> COBRA | <input type="checkbox"/> Health/Flexible Spending Account Balance: \$ _____ |
| <input type="checkbox"/> Life Insurance Continuation
and/or Conversion | <input type="checkbox"/> Vacation/PTO Balance _____ |
| <input type="checkbox"/> Pension/401(k), 401(k) Loans | <input type="checkbox"/> Sick Time _____ |
| <input type="checkbox"/> Outplacement (if applicable) | <input type="checkbox"/> Severance Pay (if applicable) \$ _____ |
| <input type="checkbox"/> Unemployment Insurance (if applicable) | <input type="checkbox"/> Expense/Reimbursement Account Balance \$ _____ |
| <input type="checkbox"/> HSA/HRA | <input type="checkbox"/> Travel Advance Balance \$ _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Misc. Unpaid Balance (safety equipment, etc.) \$ _____ |

Persons to notify

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Information Systems | <input type="checkbox"/> Credit Union |
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Professional Associations | <input type="checkbox"/> Cell Phone Provider |
| <input type="checkbox"/> Security | <input type="checkbox"/> Union | <input type="checkbox"/> Credit Card Provider |
| <input type="checkbox"/> Other: _____ | | |

Things to do

- Obtain signed Termination Notice (if applicable)
- Pull files (personnel, benefits, medical, etc.) and update HRIS record
- Pull I-9
- Schedule exit interview
- Check company reports against employee participation (credit cards, special programs, etc.)
- Prepare COBRA, HIPAA notices, notify Third Party Administrator, notify insurance providers
- Request final check(s) for wages, vacation and other legally required compensation
- Assemble 401(k) termination forms and check for outstanding loan
- Other _____

 Human Resources Representative

 Date Completed