

Termination Meeting Checklist



Date of Meeting: _____ Employee's Name: _____

Dept.: _____ Job Title: _____ Supervisor: _____

Hire Date: _____ Termination Date: _____ Reason for Leaving: _____

Date That Payroll & Housing Departments Were Notified: _____

Compensation & Benefits:

- Accounts Payable (Has unpaid balance for goods or services has been deducted from final check)
- Final check issued by Direct Deposit
- Payout of Unused Vacation (Included in final check)
- _____ Hours of Vacation Paid Out or \$ _____ of Vacation Paid out
- Notified of the Date Benefits End [Health, Dental, Vision, Life (if applicable) End on: _____]
- COBRA Initiated _____ (Terminated employee will receive COBRA notice in mail)
- 401 (k) Plan (If applicable, employee will receive distribution packet outlining options)

Additional Notifications:

- General Security Access Removed (phone, building, vehicles, equipment)
- Electronic Security Access Removed (*Notify IT Manager*)
 - E-mail
 - Spectrum
 - Zonar
 - Server Files
 - VPN
 - HCSS Dispatcher
- Terminated Employee's Workgroup notified

Return of Property & Access Information (if applicable):

- Keys / Key Fob
- Credit Card
- Company Documents
- Company Equipment (Tools & PPE)
- Computer/ Tablet
- Cell Phone & Charger
- Uniforms (FR's)
- Passwords
- Other _____

Employee Informed of Restrictions (if applicable):

- Solicitations of Customers/Employees
- Removing company documents
- Patents
- Confidentiality obligations
- Customer lists
- Other _____

Housing (if applicable):

- Notify applicable companies: _____
- Housing walk through

By signing below, all parties agree that specifics of this checklist have been met and agreed upon. Employee acknowledges receipt of final check including any and all wages due them, less any monies owed to the company.

Signature of Supervisor Completing Checklist Date

Signature of Supervisor of Terminated Employee Date