

Termination Check List

Employee Name:

Hire Date:

Reason for Termination:

Termination Date:

Insurance Coverage End Date:

1. Notify Payroll to calculate & prepare final paycheck, including vacation and sick/personal time accrued.					
2. Discuss Cobra rights	Yes		No		N/A
3. 401 (k) Termination	Yes		No		N/A
4. Exit Interview Form to employee on: _____	____ Yes		____ No		____ N/A
5. Turn in Keys/Building Entrance Card	Yes		No		N/A
6. Turn in Pager, Cell Phone, credit cards	Yes		No		N/A
7. Discuss final paycheck	Yes		No		N/A
8. Computer password:	Yes		No		N/A
9. Voicemail password:	Yes		No		N/A
10. Discuss Exit Interview Form	Yes		No		N/A
11. Give employee EDD "For your benefit" booklet (form DE2320)	Yes		No		N/A
12. Forwarding Address: (remind employee we need any new address for W-2)					

13. Phone number:					

14. Notify of termination:					
401k Company	____ Yes		____ No		____ N/A
Group Health	____ Yes		____ No		____ N/A
Group Dental	____ Yes		____ No		____ N/A
Group Life &/or LTD	____ Yes		____ No		____ N/A
Payroll provider	____ Yes		____ No		____ N/A
Section 125 provider	____ Yes		____ No		____ N/A
Cobra provider	____ Yes		____ No		____ N/A
Provide HIPAA Certificate	____ Yes		____ No		____ N/A
Employee of any conversion privileges of employer-sponsored coverage	Yes		No		N/A

Interviewed by:

Date

Employee Signature

Date