



TERMINATION CHECKLIST

SUPERVISOR TO COMPLETE:

Name of Employee		Project Name:	
Social Security Number:		Job Location:	
Date of Termination:			

COLLECT THE FOLLOWING PRIOR TO THE SEPARATION FROM THE COMPANY:

<input type="checkbox"/>	All keys returned
<input type="checkbox"/>	Company car returned (if applicable).
<input type="checkbox"/>	Company equipment returned (pagers, cell phones, laptops).
<input type="checkbox"/>	Company files and documents inventoried.
<input type="checkbox"/>	Desk and working premises inventoried.
<input type="checkbox"/>	Personnel and payroll departments notified.
<input type="checkbox"/>	Final expense report approved.
<input type="checkbox"/>	Exit interview conducted.
<input type="checkbox"/>	Signed Notice, Termination & Settlement Agreement, and Checklist sent to Human Resources.

HUMAN RESOURCES TO COMPLETE:

COBRA Election Forms Mailed:		Mailed By:	
Received Signed Forms:		Received By:	
401K Forms Mailed:		Mailed By:	
Received Signed 401K Forms:		Received By:	

PAYROLL TO COMPLETE:

Final expense check prepared.		Prepared By:	
Final payroll check prepared.		Prepared By:	
Sent For Delivery To Employee		Delivered By:	