



Termination Checklist

Employee Name: _____

Date: _____ Department: _____

Type of Termination:

Reason:

_____ Voluntary _____

_____ Involuntary _____

_____ With Notice _____

_____ Without Notice _____

Returned:

Further Information:

_____ Keys

Eligible for Rehire? YES NO

_____ Cell Phone

_____ Resignation/Separation Notice Completed

_____ Uniforms

_____ Paycheck delivered to employee upon termination

_____ Name Tags

Final Paycheck Issue Date: _____

Supervisor Signature: _____ Date: _____