



**AFFORDABLE**  
I N N S

## Termination Checklist

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_ Department: \_\_\_\_\_

**Type of Termination:**

**Reason:**

_____ Voluntary	_____
_____ Involuntary	_____
_____ With Notice	_____
_____ Without Notice	_____

**Returned:**

**Further Information:**

_____ Keys	Eligible for Rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO
_____ Cell Phone	_____ Resignation/Separation Notice Completed
_____ Uniforms	_____ Paycheck delivered to employee upon termination
_____ Name Tags	Final Paycheck Issue Date: _____

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_