Checklist: Employee Termination

Employee Name: _____ **Department:** _____

Termination Date: _____ **Location:** _____

Benefit End Date: _____ **Eligible for Rehire: Yes ☐ No ☐**

Type of Termination

☐ *Voluntary:*

- ☐ Resignation letter. (If verbal resignation, provided employee with a written confirmation of resignation).
- ☐ Exit interview scheduled.
- ☐ Provide employee with UC-1609

☐ *Involuntary:*

- ☐ Provide employee with termination letter.
- ☐ Provide employee with severance agreement (if applicable)
- ☐ Provide employee with UC-1609

Benefits

☐ Provide employee with termination/continuation of employment insurance benefits information including Vol Life portability

☐ Check FSA participation and informed employee of remaining funds and reimbursement deadlines, if applicable.

☐ Informed employee about pension status and/or paperwork for 401K rollover

☐ If employee was on medical leave and owes health insurance premiums, produced invoice with balance owed

Completed by: _____

Compensation/ Payroll

☐ Notify payroll department to process final paycheck.

☐ If a teacher, calculated and refunded withheld pay amounts

☐ Inform payroll of any unused but earned PTO amounts due to the employee.

☐ Inform payroll of benefit continuance (if applicable) and end date

☐ Notify payroll to process severance pay and whether lump sum or salary continuation (if applicable).

Completed by: _____

Records

☐ Pull personnel file to be stored with terminated employee files.

☐ Pull Form I-9 to be stored with terminated employees' I-9s.

☐ Send separation form to Corporate Cost Control Fax: (224) 698-5253

☐ Send Database Change form to Human Resources Fax: (610) 439-7693

Completed by: _____

Information Technology

☐ Change password and lock account

☐ Remove employee's name from e-mail group distribution lists; internal/office phone list; website and building directories.

☐ Inform Communications and have taken off DOA alerts (if applicable)

☐ Forward email account and provide access to _____

☐ Set Auto Response on email

☐ Forward phone extension or provide access to supervisor

Completed by: _____

Facilities/Office Manager

☐ Clean work area and remove personal belongings.

☐ Collect the following items:

☐ Keys (☐ office ☐ building ☐ desk ☐ file cabinets ☐ company car)

☐ ID card

☐ Building access card

☐ Business cards

☐ Name badge

☐ Diocesan cell phone

☐ Laptop

☐ Company files in possession

☐ Other _____

Completed by: _____

Form reviewed by:_____ Date: _____

☐ Sent to HR Date:_____