Type of Termination

Voluntary:
___ Received employee resignation letter. (If verbal resignation, provided employee with written confirmation of resignation, retained copy).
___ Scheduled exit interview. ___ Completed exit interview.

Involuntary:
___ Provided employee with termination letter.
___ Provided employee with severance agreement if layoff and severance eligible.
___ Received signed severance agreement.
___ Provided employee with WARN/OWBPA notices (if applicable).

Benefits
___ Provided employee with termination/continuation of employment insurance benefits information (COBRA, life insurance, supplemental insurance, etc.)
___ Checked FSA/HSA participation and informed employee of remaining funds and reimbursement deadlines, if applicable.
___ Checked DCAP participation and informed employee of remaining funds and reimbursement deadlines, if applicable.
___ Checked PTO balance and informed employee of any remaining PTO and how it will be processed at termination of employment.
___ Informed employee about retirement plan options.

Compensation
___ Provided notice of policy regarding any outstanding balances for money owed to company: educational loans/pay advances.
___ Notified Payroll department to process final paycheck.
___ Informed Payroll of any unused but earned PTO amounts due to employee.
___ Notified Payroll to process severance pay and whether lump sum or salary continuation (if applicable).
Contracts/Legal

___ Provided letter reminding employee of any legal obligations that continue post-employment (such as non-compete/confidentiality agreements/employment contracts).

Immigration

___ Notified company immigration attorney of termination if employee is on temporary work visa.

Records

___ Pulled personnel file to be stored with terminated employee files.
___ Pulled Form I-9 to be stored with terminated employees’ I-9s.
___ Obtained written authorization from employee to respond to employment verification requests.

Information Technology

___ Disabled e-mail account (Date Disabled: _____________)
___ Removed employee’s name from e-mail group distribution lists; internal/office phone list; website and building directories.
___ Disabled computer access.
___ Disabled phone extension.
___ Disabled voicemail.

Facilities/Office Manager

___ Disabled security codes (Date Disabled: _____________)
___ Changed office mailbox.
___ Cleaned work area and removed personal belongings.

Collected the following items:
___ Keys (___office, ___building, ___desk, ___file cabinets, ___other____)
___ Business cards
___ Name badge
___ YWCA of CVA cell phone, laptop, or other technology
___ Other _______________________
___ Other _______________________

Form Completed by: ___________________________ Date: _________________