Employee Termination Checklist

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

Department/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return: Complete:

Company Equipment: \_\_\_\_\_ Exit Interview: \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Expense Reports: \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Termination Form: \_\_\_\_\_

Company Credit Card: \_\_\_\_\_ Confidentiality Report: \_\_\_\_\_

Desk and File Keys: \_\_\_\_\_ Benefits Review: \_\_\_\_\_

Keys to premises: \_\_\_\_\_ Final Timesheet: \_\_\_\_\_

Company Documents: \_\_\_\_\_ Other: \_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Vacation Reconciliation: \_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Sick Time Reconciliation: \_\_\_\_\_