

Termination Checklists

Sample 1 – Internal for HR

Employee Name: _____

Is it a resignation or a termination?

- _____ HR received original signed resignation letter **AND/OR**
HR received all of the supervisor's documentation surrounding the reasons for termination.
- _____ HR reviewed all documentation surrounding termination to approve/disapprove the termination.
If termination is approved, HR representative and supervisor meet with employee and conduct the discharge. (One does all the talking and the other serves mostly as a witness.)

Processing a termination:

- _____ Complete Personnel Action form
- _____ Schedule exit interview
- _____ Exit interview completed
- _____ Remove from computer access
- _____ Change password on the phone
- _____ Remove access to credit card
- _____ Remove their I-9 from "Active" to "Term" binder
- _____ Remove from driver license expiration date list (if applicable)
- _____ Remove from performance evaluation list
- _____ Move file from active employee files to terminated employee files
- _____ Make arrangements to forward email and voice messages

Payroll

- _____ Enter termination date in payroll
- _____ Pay out remaining paid time off (if applicable, per company policy or state law)
- _____ Tell payroll when benefits will end so deduction of premium amounts are covered
- _____ Make arrangements for final paycheck if state requires payment prior to the next scheduled pay date

Benefits

- _____ Cancel medical, dental, and life/std coverage
- _____ Notify A/P of term and their term date
- _____ Issue COBRA forms or notify third party administrator
- _____ Offer life insurance conversion
- _____ Notify voluntary benefits provider if applicable.
- _____ Provide rollover or distribution forms for 401(k)/Profit Sharing plan

This sample document is only an example and is based on the laws in effect at the time it was written. MRA-The Management Association, Inc. does not make any representations or warranties regarding the appropriateness or prudence of using this information for any particular individual or situation. Your company should add, delete, or modify the content of this document as needed to suit your purposes. This material is for your information only and should not be construed as legal advice. In some circumstances it may be advisable to have legal counsel review final documents prior to implementation.

For further assistance call or visit www.mranet.org, © MRA – The Management Association, Inc.

Wisconsin: 800.488.4845 • Minnesota 888.242.1359 • Northern Illinois: 800.679.7001 • Iowa & Western Illinois: 888.516.6357

Sample 2 – Internal for HR – Comprehensive

Employee Name: _____ Job Title: _____

Department: _____ Last Day Worked: _____

Reason for Termination: ☐ Resignation ☐ Layoff ☐ Discharge ☐ Retirement☐ Other: _____**Items to be returned**

- | | | |
|--|---|--|
| <input type="checkbox"/> I.D. Badge | <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Company Financial Info |
| <input type="checkbox"/> Building Keys/Access Card | <input type="checkbox"/> Tools/Uniforms | <input type="checkbox"/> Company Files |
| <input type="checkbox"/> Desk/File Keys | <input type="checkbox"/> Safety Equipment | <input type="checkbox"/> Company Manuals |
| <input type="checkbox"/> Computer/Laptop | <input type="checkbox"/> Customer Lists | <input type="checkbox"/> Designs, Formulas, etc. |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Price Lists | <input type="checkbox"/> Company Vehicle |
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Toll Pass | <input type="checkbox"/> Uniform |

☐ Other: _____**Information to be reviewed with exiting employee**Agreements:

- | | |
|---|--|
| <input type="checkbox"/> Employment Agreement | <input type="checkbox"/> Tuition assistance |
| <input type="checkbox"/> Non-compete and non-solicitation Agreement | <input type="checkbox"/> Confidentiality Agreement |
| <input type="checkbox"/> Intellectual Property Agreement | |

Pay and Benefits:

- | | |
|---|--|
| <input type="checkbox"/> COBRA | <input type="checkbox"/> Health/Flexible Spending Account Balance: \$ _____ |
| <input type="checkbox"/> Life Insurance Continuation/Conversion | <input type="checkbox"/> Vacation/PTO Balance _____ |
| <input type="checkbox"/> Pension/401(k), 401(k) Loans | <input type="checkbox"/> Sick Time _____ |
| <input type="checkbox"/> Severance Pay (if applicable) | <input type="checkbox"/> Expense/Reimbursement Account Balance \$ _____ |
| <input type="checkbox"/> Outplacement (if applicable) | <input type="checkbox"/> Travel Advance Balance \$ _____ |
| <input type="checkbox"/> Unemployment Insurance (if applicable) | <input type="checkbox"/> Misc. Unpaid Balance (safety equipment, etc.)\$ _____ |
| <input type="checkbox"/> HSA/HRA | |
| <input type="checkbox"/> Other _____ | |

Persons to notify

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Benefits Provider |
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Professional Associations | <input type="checkbox"/> Cell Phone Provider |
| <input type="checkbox"/> Security | <input type="checkbox"/> Union | <input type="checkbox"/> Credit Card Provider |
| <input type="checkbox"/> Other: _____ | | |

Things to do

- ☐ Obtain signed termination letter (if applicable)
- ☐ Pull files (personnel, benefits, medical, etc.) and update HRIS record
- ☐ Pull I-9 and place in I-9 terminated employee file
- ☐ Schedule exit interview
- ☐ Check company reports against employee participation (credit cards, special programs, etc.)
- ☐ Prepare COBRA notices, notify Third Party Administrator, notify insurance providers
- ☐ Request final check(s) for wages, vacation, and other legally required compensation
- ☐ Assemble 401(k) termination forms and check for an outstanding loan
- ☐ Notify customers/vendors of new contact
- ☐ Other _____

Human Resources Representative

Date Completed

Sample 3 – Internal for Supervisor and HR

Employee's Name:	Location:
Termination Date:	Last Date Worked:

To Be Completed By Supervisor PRIOR To The Employee's Last Day:

If Voluntary:

- ☐ Send written Resignation Notice to HR Manager
- ☐ Determine what company property needs to be returned
- ☐ Schedule meeting on last day with employee to conduct exit interview (if applicable)

If Involuntary:

- ☐ Consult with HR Manager to prepare the term letter
- ☐ Check state law for final pay rules and be prepared to have the final paycheck at the termination meeting
- ☐ Determine what company property needs to be returned
- ☐ Arrange meeting time with the HR Manager to serve as a witness at the termination meeting

To Be Completed By Supervisor ON OR AFTER Employee's Last Day:

If Voluntary:

- ☐ Meet with employee to conduct exit interview
- ☐ Send completed exit interview notes to HR Manager
- ☐ Receive company property
- ☐ Send completed and signed timesheet to Payroll

If Involuntary:

- ☐ Send signed term letter to HR Manager after meeting with the employee
- ☐ Send completed and signed timesheet to Payroll

To Be Completed By HR Manager ON OR AFTER Employee's Last Day:

- ☐ Discontinue computer access and passwords
- ☐ Arrange for earned, but unused, vacation pay to be paid out
- ☐ Complete/Send COBRA Qualifying Event Notice and Election forms to participants of the health and/or dental insurance programs Date given/sent: _____
- ☐ Complete/Send separate COBRA Qualifying Event Notice and Election forms to the covered spouse and/or dependents of participants in the health and/or insurance programs Date sent: _____
- ☐ Notify all insurance carriers of the termination effective date
- ☐ Send Withdrawal/Rollover form to employee if a 401(k) participant
- ☐ Move Employment Eligibility Verification (I-9) form to the inactive section
- ☐ Once completed, file termination checklist in the personnel file