



Document no:	<b>HR00008</b>
Rev:	<b>E</b>
Effective date:	<b>1/9/2020</b>

**EMPLOYEE TERMINATION CHECKLIST**

Employee Name:

Termination Date:

**TERMINATION PAY INFORMATION**

- Regular Pay:  YES  NO  
# of Hours: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
  
- Vacation Pay:  YES  NO  
# of Hours: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
  
- Less deductions to termination pay (if any): \_\_\_\_\_ Amount: \$( \_\_\_\_\_  
Gross Amount of termination pay: \$ \_\_\_\_\_

Release date for termination pay:

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- Severance Pay:  YES  NO  
# of Weeks: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
# of Days: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

To be paid upon receipt of signed Termination Agreement.

**MISC. INFORMATION**

- Employee Advance:  YES  NO Amount: \$ \_\_\_\_\_  
(If an employee was issued an advance, termination pay will be withheld until the employee's final expense report is submitted and reconciled against the advance payment.)
  
- Equipment/items to be returned upon termination:

<input type="checkbox"/> Workwear	<input type="checkbox"/> Returned
<input type="checkbox"/> Computer/Laptop	<input type="checkbox"/> Returned- Voluntary Term - remote EE (FedEx Number)
<input type="checkbox"/> Computer/Laptop	<input type="checkbox"/> Returned- Involuntary Term - remote EE (Send box)
<input type="checkbox"/> Fob	<input type="checkbox"/> Returned
<input type="checkbox"/> Pager	<input type="checkbox"/> Returned
<input type="checkbox"/> Company Credit Card	<input type="checkbox"/> Returned
<input type="checkbox"/> Final expense report	<input type="checkbox"/> Returned
<input type="checkbox"/> Other	<input type="checkbox"/> Returned



**EMPLOYEE TERMINATION CHECKLIST (cont'd)**

- The COBRA Qualifying Event Notice will be mailed directly to employee within 30 days of termination. Employee has 60 days from date of notice to elect COBRA. Employee has 45 days from the date of election to pay the retroactive monthly premiums.  N/A Health Plans Inc. to send.
  - 401K and Profit Sharing information  N/A
- \*\*TERMINATED EMPLOYEE TO CALL: 800-294-4015**

Employee may NOT continue to defer a percentage of your 401(k) on severance compensation.

- **Change Fed tax in payroll (page 2) to “not checked” if listed as Qualified Pension on Master Control If not listed, can be company default.**
- 401k Loan Outstanding:  Yes  No
- Group Dynamic Medical Reimbursement (FSA) account:  Yes  No
- Cigna Insurance – Life /Disability (provide portability, conversion notices)  Yes  No
- Cigna Voluntary (supplemental)  Yes  No
- Health Plans, Inc. (within 30 days)  Yes  No
- Delta Dental (within 30 days)  Yes  No
- EyeMed (within 30 days)  Yes  No
- Inform IT to terminate access to Email, etc.
- Provide Unemployment Information
- Sign non-compete confidentiality agreements  Yes  No
- Sign Employee Reference Release  Yes  No
- Provide CompEAP information

The terminating employee's forwarding address:

\_\_\_\_\_

- **Additional Comments:**

Completed by:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_



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REVISION HISTORY

<b>Rev.</b>	<b>ECO No.</b>	<b>Revision date</b>	<b>Revised by:</b>	<b>Description of Change</b>
Rev.A				First document
Rev.B				Second document
Rev.C	3027	6/20/19	AF	Refer to ECO for updates
Rev.D	3130	9/27/19	SP	Updated with new benefits
Rev.E	3245	1/9/2020	SHP	Clarified laptop return for remote employees