

Termination Checklist

EMPLOYEE NAME: _____

HIRE DATE: _____

POSITION TITLE: _____

TERMINATION EFFECTIVE DATE: _____

LAST DAY WORKED: _____

Employee would like final check (if any) to be: Mailed Picked up

RECOMMEND REHIRE: YES NO

POSITION TYPE: FULL-TIME PART-TIME TEMPORARY

REASON FOR TERMINATION:

Failure to Satisfactorily Complete Introductory Period

Voluntary (**Attach Resignation Letter**)

Involuntary

End of Temporary Assignment

Received Company Property:: YES NO

Employee given Exit Interview: YES NO

COBRA Information sent: YES NO

Reason for Termination (Other than those listed above): _____

COMMENTS: _____

Supervisor:

Please have employee change address if necessary.

Please give employee an Exit Questionnaire form.

Employee to complete form and return to Company.

Signatures:

Employee's Signature

Supervisor's Signature