

UAPB Employee Termination Checklist

Employee Name: _____
 Supervisor: _____ Dept: _____ ID #: _____
 Forwarding Address (if changed):

 Phone number: Day: () _____ - _____ Eve: () _____ - _____
 Last day worked: _____

Instructions: Please put your *initials* and the *date* next to the action that has been taken. Supervisor should complete form and notify other areas as appropriate to ensure that all parts of the checklist are completed. Return form to HR when complete.

Voluntary Termination

_____ Obtain resignation in writing from Employee

Other (*Death, Military*) Reason _____

_____ Received supporting documentation

Involuntary Termination (*Steps to follow*)

_____ a) Corrective action followed (if applicable)

_____ b) Explanation provided to employee

_____ c) Human Resources reviewed information

_____ d) Letter of termination including reasons

Review With Employee

_____ Effective Date of Termination

_____ Final wages

Check to be direct deposited

Check to be picked up Where? _____

Check to be mailed Where? _____

_____ Benefit pay (if applicable)

Accrued time off

When received

_____ Benefits information summary

_____ Rehire eligibility: Y or N

_____ How references will be handled

_____ Subsequent access to premises

Give to Employee (Optional)

_____ Exit Interview

_____ Benefits information (COBRA, etc)

_____ Contact information for HR

Other

_____ Clean work area, remove personal belongings

_____ Process Termination (HR, Payroll)

_____ Notify Procurement, Controller & Credit Union of Termination

Collect

_____ All keys (locker, bldg, desk, cabinets, etc)

_____ Final Timesheet

_____ P Card/T Card

_____ Laptops/Phones

_____ Parking tag

_____ ID card

_____ Reference/Training/Manuals

_____ Any proprietary materials/
Property

Cancel

_____ Computer access

_____ Remove from phone list – dept.

_____ Cancel email

_____ Benefits

_____ Direct Deposit

NOTES

Signature of Supervisor and Date:
