



# Employee Exit Checklist

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

Supervisor: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_ Last Working Date: \_\_\_\_\_

Exit Interview Scheduled for \_\_\_\_\_ at \_\_\_\_\_ with \_\_\_\_\_

**Notification Made to:** Yes No N/A

Information Technology

Receptionist

Health Insurance Carrier

Dental Insurance Carrier

Vision Insurance Carrier

Supplemental Insurance Carriers

Payroll

Child Support Enforcement

Vendors (as needed)

**Items discussed with employee prior to departure:** Yes No N/A

Medical Benefits/COBRA

Vacation/Commission Pay Due

Trade Secrets/Proprietary Information

Process for receiving final check

Signed timecard

Outstanding Expense Reports

Exit Interview Questionnaire

**Items returned prior to exit of employee:** Yes No N/A

Keys (Building/Office/File Cabinet)

Computer Equipment (including zip drives)

Building Access Card

Credit Card

Cell Phone

Employee Handbook/Company Information

Other Company Materials

**Other procedures:** Yes No N/A

COBRA Notification Sent

Employee Status Form to Employee File

Employee Terminated in HRIS





## Status Change Form

## Received ID Badge

## Personal Changes Verified/Updated

## Terminate in Payroll

## Determine Last Benefits Amount

Medical	\$ _____	Dental	\$ _____	Vision	\$ _____
Life EE	\$ _____	Life SP	\$ _____	Life CH	\$ _____
AD&D EE	\$ _____	AD&D SP	\$ _____	AD&D CH	\$ _____
STD	\$ _____	LTD	\$ _____		

## Terminate Benefits

## Outstanding Cash Advances

\$ \_\_\_\_\_

## Vacation Payout

\$ \_\_\_\_\_ or \_\_\_\_\_ hours

## Move

File to term cabinet

I-9 to terminated employee binder

Parking Information Form

