Page 1 of 1 Termination: Checklist

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ation: Checklist				Welcome David Fogarty
	Employe	e Information	apagaran ang aga ang att antina attalonada attalo	T AND THE WASHINGTON THE AND ANY CONTROL OF THE STATE OF
	Employee Name	Employee Number	Term Date	
	If termination	on is involuntary		
	[] Documentation of performance issue	es and disciplinary action is	in employee file.	
	Before employee's	last day of employment		
	[] Prepare COBRA Letter [] Schedule exit interview [] Cancel Stock Options	Accounting/Finance [] Final paycheck is being prepared. [] Check for final balances on corporate credit card and cancel card. [] Final Expense Reports submitted. [] Final Expense Reports paid.		
	Office Coordinator/Facilities [] Cancel voicemail account effective e [] Request to have employee's network day.		mployee's last	
	Last day o	of employment		
	[] Provide COBRA letter & explain - 60 days to elect coverage - 45 days to send in premium for all months since coverage ceased - premium due 1st of the month [] Non-Disclosure Agreement - Provide copy - Explain Non-compete - Retrieve any confidential information [] Vested stock options - 90 days submit the form to exercise. [] Last paycheck (please check one) [] Provided at exit interview OR [] Mailed after termination date	[] Provide 401(k) Withdra [] Address Changes Ver [] Collect or verify compart equipment [] Collect security card [] Collect cell phone [] Collect phone card [] Collect corporate cred [] Exit Interview Question [] Departure is communi [] Eligible for rehire? Yes No [] Terminate status in the	ified uter system(s) or it card nnaire cated to staff	
		ployee's last day		
	[] Check for any additional amounts ov [] Mail final pay stub to former employe [] Complete and submit benefit forms t [] If former employee submits a reques Aetna enrollment forms. (Refer to C	ee if necessary. to stop coverage with Aetho st for COBRA coverage, re-	a and Fortis. -enroll using	
	Reason for leaving			

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Questions? Contact SHRM Careers Careers @ SHRM

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