**Employee Information**

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| Employee Name | Employee Number | Term Date |

**If termination is involuntary**

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| [ ] Documentation of performance issues and disciplinary action is in employee file. |

**Before employee's last day of employment**

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| Human Resources  [ ] 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 employee's last day. [ ] Request to have employee's network access closed effective employee's last day. | |

**Last day of employment**

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| [ ] 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) Withdrawal Form [ ] Address Changes Verified [ ] Collect or verify computer system(s) or equipment [ ] Collect security card [ ] Collect cell phone [ ] Collect phone card [ ] Collect corporate credit card  [ ] Change passwords to employer-owned social media accounts to which employee had access.  [ ] Make repayment arrangements for outstanding employee debts/loans [ ] Exit Interview Questionnaire [ ] Departure is communicated to staff [ ] Eligible for rehire?  Yes\_\_\_\_\_ No \_\_\_\_\_\_ [ ] Terminate status in the HRIS system |

**After the employee's last day**

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| [ ] Check for any additional amounts owed for commissions, expense reports, etc. [ ] Mail final pay stub to former employee if necessary. [ ] Complete and submit benefit forms to stop coverage with Aetna and Fortis. [ ] If former employee submits a request for COBRA coverage, re-enroll using      Aetna enrollment forms. (Refer to COBRA process document.) |

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| Reason for leaving  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |