**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |