

**TERMINATION CHECKLIST**

Employee's Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>BENEFITS DISCUSSED</b>			
	Group Insurance Conversion		Vacation Eligibility
	Retirement Plan		Unemployment Insurance
	Severance Pay (if any)		
<b>RETURN OF PROPERTY</b>			
	<b>CREDIT CARDS</b>		<b>KEYS</b>
	Car Rental		Office
	Telephone		Computer
	Other:		Files
			Desk
<b>EQUIPMENT</b>			
	Dictation		Calculator
	Computer		
<b>MANUALS, BOOKS, DOCUMENTS, ETC.</b>			
	Policy Manual		Client List
	Computer Books/Manuals		
<b>IDENTIFICATION/SECURITY PASSES</b>			
	SECARD		
<b>FOR ADMINISTRATION USE ONLY:</b>			
	COBRA Letter Sent? (Y/N)		Terminate Ins. - Accounting Dept.
	Life/Disability Insurance Conversion Letter Sent?		Diary Calendar for Employee's COBRA Decision

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Administrator Signature