

Employee Name _____ Employee ID # _____

Department _____ Supervisor's Name _____

Termination Type Voluntary Involuntary

Termination Date _____ Last Day Worked _____

Termination Reason _____

Final Paycheck Date _____

Offboarding Checklist

<input checked="" type="checkbox"/>	COMMUNICATION	MM/DD/YYYY
<input type="checkbox"/>	Resignation Letter Received (if Voluntary)	
<input type="checkbox"/>	Termination Letter Sent (if Involuntary)	
<input type="checkbox"/>	Severance Letter Sent	
<input type="checkbox"/>	Vendors/Customers Notified	
<input type="checkbox"/>	Manager(s) Notified	
<input type="checkbox"/>	Employees Notified	
<input type="checkbox"/>	Updated Contact Information Received	
<input checked="" type="checkbox"/>	COMPANY ASSETS	MM/DD/YYYY
<input type="checkbox"/>	Company Issued Computer Returned/Purchased	
<input type="checkbox"/>	Company Issued Phone Returned	
<input type="checkbox"/>	Company Issued Technical Equipment Returned	
<input type="checkbox"/>	Company Issued Credit Card Returned	
<input type="checkbox"/>	Company Issued Vehicle Returned (if applicable)	
<input checked="" type="checkbox"/>	HR and IT RESPONSIBILITIES	MM/DD/YYYY
<input type="checkbox"/>	Removed Access to Email	
<input type="checkbox"/>	Removed Access to Company Software	

<input type="checkbox"/>	Changed Passwords	
<input type="checkbox"/>	Removed From Payroll	
<input type="checkbox"/>	Scheduled COBRA Benefits Continuation	
<input type="checkbox"/>	Calculated Unused PTO and Sick Leave (pay out if company policy or state law dictates)	
<input type="checkbox"/>	Signed NDA on File	
<input type="checkbox"/>	Exit Interview Conducted	
<input type="checkbox"/>	Outstanding Expenses or Reimbursements Due Calculated	
<input type="checkbox"/>	Deductions Calculated for Final Pay	
<input type="checkbox"/>	Final Paycheck Processed and Delivered	