

## Florida Conference Employee Termination Checklist

### Section I

Employee Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dept: \_\_\_\_\_

New Address (if moving or relocating): \_\_\_\_\_  
\_\_\_\_\_

Phone number: Day: (    ) \_\_\_\_\_ - \_\_\_\_\_ Evening: (    ) \_\_\_\_\_ - \_\_\_\_\_

Effective date of termination \_\_\_\_\_ Last day worked: \_\_\_\_\_

### Section II

**Instructions:** Please put your initials and the date next to the action that has been taken.

- |   |   |
|---|---|
| <p><input type="checkbox"/> <b>Voluntary Termination</b><br/>_____ Obtain resignation in writing from Employee</p> <p><input type="checkbox"/> <b>Other</b> (<i>Death, Military Leave, etc</i>)<br/>_____ received supporting documentation<br/>List document(s): _____</p> | <p><input type="checkbox"/> <b>Involuntary Termination</b> (<i>Steps to follow</i>)</p> <p>_____ a) Employee explanation provided</p> <p>_____ b) Human Resources notified</p> <p>_____ c) Conference Separation Notice Completed</p> |
|---|---|

### Section III

#### Review with Employee

Final Check to be:

- picked up
- mailed
- Direct Deposit

#### Collect

- \_\_\_\_\_ All keys (bldg, desk, cabinets, etc)
- \_\_\_\_\_ Cellular phones
- \_\_\_\_\_ Credit card
- \_\_\_\_\_ Sonitrol card
- \_\_\_\_\_ Laptop computers (all hardware)

\_\_\_\_\_ Pay out all accrued vacation time on final check      \_\_\_ Yes      \_\_\_ No

\_\_\_\_\_ Insurance coverage ends last day of the month, \_\_\_\_\_.

\_\_\_\_\_ Employee eligible for health insurance continuation      \_\_\_ Yes      \_\_\_ No

\_\_\_\_\_ Is employee eligible for rehire?      \_\_\_ Yes      \_\_\_ No

\_\_\_\_\_ Is employee allowed subsequent access to the premises?      \_\_\_ Yes      \_\_\_ No

#### Cancel

- |  |   |
|--|---|
| _____ Computer access  | _____ Credit cards                            |
| _____ Security codes   | _____ Direct Deposit                          |
| _____ E-mail account   | _____ Remove from phone list and Inside FLUMC |
| _____ Terminate enrollment in health insurance, pension, and PIP |   |

#### Notes:

**Signature of Supervisor:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please complete and return to Human Resources**