Employee Termination Checklist

Employee name: _____ Department:_____

Termination date: _____ Last day worked (if different): _____

Turn in PAR to HR along with supporting documentation

Items Returned to department (enter n/a if not applicable)	Received by	Date
Keys		
Employee I.D. badge (*place in confidential shred*)		
Laptop/computer		
Cell phone		
Company credit card		
Business cards		
Removed personal belongings from work area		
Uniforms		
Tools		
Other:		

Notify Digital Services	Notified by	Date
Disable email account		
Disable computer access		
Disable phone extension		
Disable voicemail		
Removed employee's name from email group distribution lists; internal/office phone list, website and building directories		

Notify Facilities	Notified by	Date
Disable security codes		

Notify Payroll (*ONLY if employee is being terminated by City*)	Notified by	Date
Final paycheck		

HR USE ONLY

HR signature: _____ Date:_____

Printed name: _____