

Employee Separation Checklist Completed by Supervisor

mployee Name	Location	Location / Program		
pervisor Name	Reason for leaving:			
If voluntarily released from service				
☐ Resignation/Retirement letter submitted to S	Supervisor w	ith appropriate notice		
If involuntarily released from service ☐ Documentation of reason for release (i.e. Elir ☐ Documentation of performance issues and d ☐ Security Notified for exit meeting, as approp	isciplinary ac		o loss of Funding, etc	
Prior to last day of employment				
Office Administrator		Accounting/Finance		
☐ Schedule exit interview (<i>If Voluntary</i>) ☐ Prepare Benefit Cancellation Form (benefits effective through end of month following see ☐ Final Expense Reports Submitted.	epare Benefit Cancellation Form its effective through end of month following separation)		 □ Prepare 12 Mo. Continuation Letter □ Final paycheck is being prepared. □ Check final balances on credit card/cancel □ Pay out accrued leave. □ Final Expense Reports paid. 	
Office Coordinator/Facilities		ı		
☐ Cancel voicemail account effective employ ☐ Request to have employee's network acces On last day of employment	-	ctive employee's last day.		
□ Provide Continuation letter & explain □ Last paycheck (please check one) □ Provided at exit interview OR □ Mailed after termination date □ Provide 401 (k) Contact Info cannot access funds until 2 - 4 weeks Record must be termed in IOI □ Address Changes Verified □ Collect or verify computer system(s) or equipment	 □ Collect security card/name tag/keys □ Collect archdiocesan cell phone □ Collect phone card □ Collect credit card [Complete 'Receipt of Property' form] □ Have email closed/forwarded □ Exit Interview Discussion □ Departure is communicated to staff □ Eligible for rehire? □ Yes □ No □ Terminate status in the IOI system 			
After last day of employment				
☐ Check for any additional amounts owed for ☐ Mail final pay stub to former employee if no ☐ Track payments if former employee submit ☐ Complete and submit benefit forms to stop ☐ Cancel Health coverage if no election to co	ecessary. s a request fo coverage for	or Continue Health coverage Dental, Vision		
Employee:Office:	Office:		e:	
Supervisor/Site Administrator:		Dat	te:	