

TERMINATION CHECKLIST – NON BENEFITED EMPLOYEE

PROJECT/PROGAM ACTIONS

EMPLOYEE NAME: _____ TERMINATION DATE: _____

Keys Turned in _____ Equipment Returned _____

Other: _____

FOUNDATION HUMAN RESOURCES ACTIONS

Payroll

<input type="checkbox"/> Termination Paf	<input type="checkbox"/> Final Timesheet (if applicable)	Date/Int. _____
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Send to Employee (if applicable)

<input type="checkbox"/> Separation Letter	<input type="checkbox"/> DE 2320	_____
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Additional Actions (as applicable)

- Check for PeopleSoft _____
- Check for Live Scan _____
- Check for DMV _____
- Target Safety _____
- Check www.aschico.com/admin for IFAS Access _____
- Network/Email/Key Shop/ID Card Office/Library/AS _____

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