



TERMINATION CHECKLIST – BENEFITED EMPLOYEE
 Complete the supervisor portion of this form and submit with the Personnel Action Form (PAF)

EMPLOYEE NAME: _____ TERMINATION DATE: _____

SUPERVISOR ACTION ONLY

Date & Initial

- Termination Paf (Attach supporting documentation e.g. resignation letter, discharge notice etc.) _____
- Exit Interview _____
- Items to be returned
 - Keys Check if not applicable Credit Card Check if not applicable
 - Computer Check if not applicable Cell Phone Check if not applicable
 - _____ (other)

FOUNDATION HUMAN RESOURCES ACTIONS

Payroll

- Termination Paf Final Timesheet _____

Send to Employee

- Separation Letter DE 2320 _____
- COBRA Notice (as applicable) _____
 - Acknowledgement - Certification of Coverage - Hipp Notice
 - Enrollment Form - Election Form - Rate Sheet for Cobra Coverage
- Life Insurance Conversion/Portability _____

Additional Actions (as applicable)

- Confirm return of AmerEx _____
- Confirm Parking Cancellation _____
- Health Insurance Removal _____
- Life/Voluntary Life _____
- Dental Insurance Removal _____
- Long Term Disability Removal (term date entered on Life S/S) _____
- Vision Insurance Removal _____
- 403(b) HR Director _____
- Notify Accountant of Separation (for Flex) _____
- Check for Live Scan, DMV, ABRA, Target Safety _____

Notify via email

- Central Operations Support CCSV PeopleSoft – Gretchen Tousey _____
- Wildcat Card – Zhang, Binhzhen “Sally” Library – Paula Woods
- Key Shop – Mark Gonzalez AS/Foundation Computer Center – Matt Norby & Brian Buie