TERMINATION CHECKLIST – NON BENEFITED EMPLOYEE

**PROJECT/PROGRAM ACTIONS**

EMPLOYEE NAME: ______________________________ TERMINATION DATE: ________________

- [ ] Keys Turned in __________
- [ ] Equipment Returned __________
- [ ] Other: ______________________________________

**FOUNDATION HUMAN RESOURCES ACTIONS**

**Payroll**

- [ ] Termination Paf
- [ ] Final Timesheet (if applicable) Date/Int.

**Send to Employee (if applicable)**

- [ ] Separation Letter
- [ ] DE 2320

**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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