

Final Pay & Benefits Termination Checklist

Employee Information

Employee Name:

Employee ID:

Department:

Position:

Termination Date:

Manager/Supervisor:

Final Pay

| Item | Confirmed | Notes |
|---|-----------|-------|
| Regular wages/salary up to termination date | | |
| Overtime, bonuses, incentives | | |
| Unused vacation/PTO payout | | |
| Final expense reimbursements | | |
| Other (specify) | | |

Benefits

| Item | Confirmed | Notes |
|---|-----------|-------|
| Healthcare coverage end/COBRA info provided | | |
| Retirement/pension plan info provided | | |
| Life/Disability insurance end/transition | | |
| Other benefits (specify) | | |

Company Property Returned

- ID Badge/keys
- Company laptop/phone
- Access cards
- Uniforms/equipment
- Other (specify)

Other

- Exit interview conducted
- Confidentiality/non-compete reaffirmed
- Forwarding address/contacts updated

Sign-Off

HR Representative:

Date:

Employee:

Date: