[Practice Name]

EMPLOYEE EXIT CHECKLIST

Employee: _____ **Position:** _____

Date of Hire: _____ **Date of Termination:** _____

Topics to Discuss:

_____ Salary/Payroll ☐ Mail check ☐ Direct

_____ PTO ☐ Debits ☐ Credits

☐ Employee Benefits

☐ Continuation of health insurance Date coverage ends: _____
☐ Insurance company notified

☐ Life insurance Date coverage ends: _____
☐ Insurance company notified

☐ 401(k)/Profit Sharing Plan ☐ Withdrawal information explained

Exit Interview:

Reason for termination: _____

_____

Was there a work-related reason that the employee is leaving? What is it? _____

_____

Overall, was employee satisfied with her/his employment at the office? _____

_____

What changes would the employee make with the office environment? _____

_____

Return of Company Property:

☐ Keys
☐ Employee Manual
☐ Other items _____

Employee's forwarding address (for mailing of W2 forms): _____

_____

Employee's phone number (optional): _____

_____ _____ _____

Completed By Position Date