



Employee Termination Checklist

(Please complete and fax to Ascend HR Solutions 801.467.6578)

Employee Name: _____ Position: _____

Forwarding Address: _____
_____ Phone #: _____

Date of termination: _____

Type of termination:

___ Voluntary- obtain resignation in writing from employee stating last day of work and fax to Ascend HR

___ Involuntary

___ Lay off ___ Temporary ___ Permanent

___ Discharge (fax all documentation to Ascend HR Solutions) – Reasons for discharge:

Topics to discuss with employee:

___ Effective Date of Termination (last day of work)

___ Final Wages

___ Check to be mailed to address above or other address _____

___ Check to be picked up at worksite office

___ Vacation to be paid out? Amount _____

___ Severance to be paid? Amount _____

Return of Company Property:

___ Uniforms

___ Identification badge

___ Keys and key cards

___ Equipment (laptop, pager, cell phone, tools, etc.)

___ Credit Cards

___ Books and other printed material

___ other items, list: _____

Completed by:

Name: _____ Position: _____ Date: _____