



Employee Termination Checklist

(Please complete and fax to Ascend HR Solutions 801.299-6401)

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: _____