**EMPLOYEE TERMINATION CHECKLIST**

**EMPLOYEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE:** If an employee’s termination date is between the first and the fifteenth day of the month, insurance coverage will be terminated on the fifteenth day of the month. If an employee’s termination is between the sixteenth and the last day of the month, the insurance coverage will be terminated on the last day of the month.

If an employee leaves the county due to an involuntary termination, please call your agency’s assigned legal counsel in the District Attorney’s Office to ensure preservation of the employee’s files for any potential future litigation.

**Refer Employee to Human Resources**:

 **Exit Interview:** Yes 🞎 No 🞎  **Benefits**: Yes 🞎 No 🞎

 **URS:** Has the employee been reminded to review their URS account and balance?  Yes 🞎 No 🞎

 **Home Address** **Update**: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State & Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tuition Reimbursement Program** - Has the employee participated in the preceding 12 months? **If Yes**, refer to HR Policy 6-300 for repayment agreement requirements and **notify Human Resources Tuition Reimbursement Program Manager, Cynthia Carrington 385-468-0576.** Yes 🞎 No 🞎

 **If Necessary**

**EMPLOYEE CONTROLLED ASSETS TO RETURN** **Date Returned** **Follow Through**

Identification Card \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

I Pad \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Lap Top Computer \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Office Door Key(s) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Office Furniture Keys / File Cabinet Keys \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Other Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**INTERVIEWER’S RESPONSIBILITIES**

Computer - program access removed \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Email – update auto response \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Phone forwarded/ voice mail message \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Telephone number - forwarded or canceled \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Long Distance Code canceled \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Keypad - access removed \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

As I terminate my employment with Salt Lake County, I certify that I have received and understand the above. I certify that I have returned or am now returning all items in my possession that are the property of Salt Lake County.

Employee Signature, Title and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer’s Signature and Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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