# EMPLOYEE TERMINATION (FORM)

Employee: _____

Division:_____Position: _____

Date of Termination: _____Time: _____

Employee Notified ☐

Involuntary Termination ☐ Voluntary Termination ☐ Notice Given? ☐

Eligible to Receive PTO? ☐ Hours to be Paid Out:_____

Date of Last Paycheck:_____

☐ Live Check ☐ Direct Deposit/Pay Card

Reason for Termination (Provide Details):

**Supervisor's Signature:**_____**Date**: _____

Please email/fax form to Human Resource Administrator at the Corporate Office.

# EMPLOYEE TERMINATION CHECKLIST

Employee: _____

Division: _____ Position: _____

The following items are a checklist of steps to process the termination of an Employee.

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|---|---|
| ☐ | Termination Date: |
| ☐ | Termination Form Received |
| ☐ | Voluntary / Involuntary ☐ If Voluntary, Notice Given? |
| ☐ | Termination Information to Managepoint |
| ☐ | Email Account ☐ Blocked ☐ Forwarded to |
| ☐ | Access Deleted/Blocked: |
| ☐ Network ☐ VPN ☐ AutoDesk ☐ E-Comm ☐ Rent Manager ☐ Treasury ☐ Employee Log In | |
| ☐ | Material Checklist Received |
| | ☐ Phone ☐ Computer Returned to Corporate |

Additional Notes:

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DENIZEN MANAGEMENT

WE ARE QUE

denizenQUE THE RESIDENT EXPERIENCE