

APPENDIX X2

DIOCESE OF YAKIMA

Employee Exit/Separation Checklist Employee

Name: _____

OFFICE CHECKLIST

- _____ Office keys returned
- _____ Credit card returned
- _____ All personal items have been removed by employee
- _____ Employee's confidentiality review
- _____ Outstanding debt review
- _____ Fringe benefit review

BENEFITS & OTHER

- _____ Medical / Vision cards returned
- _____ Final payroll pay date: _____
- _____ Final vacation hours paid (if accrued and authorized)
- _____ Time Sheet (turned in on last day worked)
- _____ Health Insurance end date (or continuation info given)
- _____ Benefit Buffet Optional Benefit (terminated or continued?)
- _____ Retirement funds
- _____ Employee Separation printout received

_____ Copy of this form given to employee

Your final paycheck will be an automatic deposit or will be mailed depending on how your current payroll is set up.

Note: If you should move prior to the end of the year of termination please notify of us of your new address so we can send your W2 to the correct address.

Mail to:

Signature of Employee

Signature of Interviewer for Office Items

Signature of Interviewer for Benefits/Payroll

Date