
TERMINATION CHECK LIST

Employee Name _____

Need To Use	Form Description	Date Given/Sent	Date Rec'd	Date Filed/Entered
<input type="checkbox"/>	Checklist for Termination Decision	N/A	N/A	N/A
<input type="checkbox"/>	Confidentiality Term Certificate (Ex. #3)	_/_/_	_/_/_	_/_/_
<input type="checkbox"/>	Notice of Change in Relationship	_/_/_	_/_/_	_/_/_
<input type="checkbox"/>	Final Paycheck Acknowledgment	_/_/_	N/A	_/_/_
<input type="checkbox"/>	EDD – <i>For Your Benefit</i> (Form 2320)	_/_/_	N/A	N/A
<input type="checkbox"/>	Cobra Notice & Election Form (5 pgs)	_/_/_	_/_/_	_/_/_
<input type="checkbox"/>	Medical Premium Schedule of Rates	_/_/_	N/A	N/A
<input type="checkbox"/>	Acknowledgement of Cobra Rights	_/_/_	_/_/_	_/_/_
<input type="checkbox"/>	Medical Carrier COBRA Form	_/_/_	_/_/_	_/_/_
<input type="checkbox"/>	Dental Carrier COBRA Notice & Form	_/_/_	_/_/_	_/_/_
<input type="checkbox"/>	Certificate of Group Health Coverage	_/_/_	N/A	N/A
<input type="checkbox"/>	_____	_/_/_	_/_/_	_/_/_
<input type="checkbox"/>	_____	_/_/_	_/_/_	_/_/_
<input type="checkbox"/>	_____	_/_/_	_/_/_	_/_/_
<input type="checkbox"/>	Exit Interview Questionnaire (voluntary quits)	_/_/_	_/_/_	_/_/_