**Employee Termination Checklist**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Termination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Day Worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee has turned in:**

All lab coats assigned

All keys assigned

VA WOC Identification card

All other materials provided during employment

**FAVHR Actions:**

IPAA Terminated (If Applicable)

Termination Docs submitted to ADP

Contact Information received for W2

UT POI Terminated