**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