



Employee's Name

TERMINATION CHECKLIST

- | | |
|---|----------------|
| Health Insurance (Personnel) | _____ Approval |
| Dental/ Vision (Personnel) | _____ Approval |
| Life Insurance (Personnel) | _____ Approval |
| Retirement (Personnel) | _____ Approval |
| Receivables (Finance) | _____ Approval |
| Credit Cards (Finance) | _____ Approval |
| Deferred Compensation (Finance) | _____ Approval |
| Identification Card (Department Head) | _____ Approval |
| Badge (Department Head) | _____ Approval |
| Keys (Department Head) | _____ Approval |
| Other Dept. Equipment (Department Head) | _____ Approval |
| Leaving Office Statement (City Clerk) | _____ Approval |

ALL APPLICABLE ITEMS MUST BEAR AN AUTHORIZED APPROVAL SIGNATURE BEFORE TERMINATION CHECK(S) WILL BE ISSUED.

WHEN COMPLETED, RETURN FORM TO PERSONNEL.