



Employee Separation Checklist

Completed by Supervisor

Employee Name	Location / Program	Term Date
Supervisor Name	Reason for leaving:	

If voluntarily released from service

- Resignation/Retirement letter submitted to Supervisor with appropriate notice

If involuntarily released from service

- Documentation of reason for release (i.e. Elimination of Position, Reduction of Staff due to loss of Funding, etc.)
- Documentation of performance issues and disciplinary action is in employee file
- Security Notified for exit meeting, as appropriate

Prior to last day of employment

Office Administrator

- Schedule exit interview (*If Voluntary*)
- Enter Termination Date in IOI Payroll/ BenefitsConnect System
(benefits effective through end of the month of separation)
- Final Expense Reports Submitted.

Accounting/ Finance

- 12 Mo. Continuation Letter issued via Benefits Connect / Gallagher billing office
- Final paycheck is being prepared
- Check final balances on credit card/cancel Pay out unused accrued *vacation* leave balance
- NOTE: SICK time balances are *not* paid out
- Final Expense Reports paid

Office Coordinator/Facilities

- Cancel **voicemail** account effective employee's last day.
- Request to have employee's **network access** closed effective employee's last day.

On last day of employment

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| <ul style="list-style-type: none"> <input type="checkbox"/> Provide Blank Health Continuation form/
<i>explain original will arrive via US Mail to home address</i> <input type="checkbox"/> Last paycheck - required by Louisiana Law to be paid <u>within 15 days of separation</u> or at next regular payroll, whichever is <u>sooner!</u>
<i>please check one:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Provided at exit interview OR <input type="checkbox"/> Mailed after termination date <input type="checkbox"/> Provide 401 (k) Contact Info
<i>Employee record must be 'termed' in IOI Payroll cannot access funds until 2 - 4 weeks</i> <input type="checkbox"/> Address Changes Verified | <ul style="list-style-type: none"> <input type="checkbox"/> Collect security card/name tag/keys <input type="checkbox"/> Collect or verify computer system(s) equipment <input type="checkbox"/> Collect archdiocesan cell phone <input type="checkbox"/> Collect phone card / <input type="checkbox"/> Collect credit card
<i>[Complete 'Receipt of Property' form]</i> <input type="checkbox"/> Have email closed/forwarded <input type="checkbox"/> Exit Interview Discussion <input type="checkbox"/> Departure is communicated to staff <input type="checkbox"/> Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Terminate status in the IOI system |
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After last day of employment

- Check for any additional amounts owed for equipment, health coverage, etc.
- Mail final pay stub to former employee if necessary.
 - Employee submits request for Continuation of Health coverage to Gallagher Billing Offices*
 - Benefits cancellation notices auto-feed to carriers to stop coverage for Dental, Vision, and or Health*
 - Health continuation for up to 12 months; discontinues at conclusion of period or for non-payment*

Employee: _____ Office: _____ Date: _____

Supervisor / Site Administrator: _____ Date: _____