### Employee Separation Checklist

**Employee Name**

<table>
<thead>
<tr>
<th>Location / Program</th>
<th>Term Date</th>
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**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 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 □

**Office Coordinator / Facilities**

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

**Accounting / Finance**

- Final Expense Reports paid

### On last day of employment

- □ Provide Blank Health Continuation form/
  *explain original will arrive via US Mail to home address*
- □ Last paycheck - required by Louisiana Law to be paid within 15 days of separation or at next regular payroll, whichever is sooner!
- *please check one:*
  - □ Provided at exit interview OR
  - □ Mailed after termination date
- □ Provide 401 (k) Contact Info
  *Employee record must be 'termed' in IOI Payroll cannot access funds until 2 - 4 weeks*
- □ Address Changes Verified

**Accounting / Finance**

- □ Collect security card/name tag/keys
- □ Collect or verify computer system(s) equipment
- □ Collect archdiocesan cell phone
- □ Collect phone card / □ Collect credit card
  *[Complete 'Receipt of Property' form]*
- □ Have email closed/forwarded
- □ Exit Interview Discussion
- □ Departure is communicated to staff
- □ Eligible for rehire? □ Yes □ No
- □ Terminate status in the IOI system

### 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:** _______

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**Office of Human Resources**

**H | R Checklists**

**Revised 8/2019**