

TERMINATION CHECKLIST

Name:	Termination Date
Job Title	Department

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| <input type="checkbox"/> Resignation/Dismissal Notice
<input type="checkbox"/> Employment Status/Change Form
<input type="checkbox"/> Payroll & Benefits (Janet) Notified
<input type="checkbox"/> Credit Cards Returned (Visa/Sam's Club)
<input type="checkbox"/> IT Notified (network access, email/groups)
<input type="checkbox"/> Copy files to supervisor's drive
<input type="checkbox"/> Forward email for 30 days
<input type="checkbox"/> Facilities Notified (voice mail and key/fob) | <input type="checkbox"/> IRIS/VIRTUS (Deacon Tom) Notified
<input type="checkbox"/> Deactivate BAS
<input type="checkbox"/> Exit Interview
<input type="checkbox"/> Tools/Equipment
<input type="checkbox"/> Organization Records, Files and Manuals
<input type="checkbox"/> Name Tag, Office Key/Fob, Desk & Filing
Cabinet Keys |
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Mailed Directly by UMR to FT Employees Enrolled in Our Medical Insurance Plan
 COBRA/State Healthcare Continuation Notice

Mailed Directly by Diocesan Benefits Office to FT Employees
 Conversion of Benefits (portability information for our voluntary products)

Group Life Insurance Policy

Lay Employee's Pension Benefits (mailed during the quarter following the quarter when employee terminated)

HIPAA Certificate of Coverage (not required, but employees may call diocesan benefits office to request a copy)