

**DIOCESE OF YAKIMA**  
Employee Exit/Separation Checklist

Employee Name: \_\_\_\_\_

**OFFICE CHECKLIST**

<input type="checkbox"/>	Office keys returned
<input type="checkbox"/>	Credit card returned
<input type="checkbox"/>	All personal items have been removed by employee
<input type="checkbox"/>	Employee's confidentiality review
<input type="checkbox"/>	Outstanding debt review
<input type="checkbox"/>	Fringe benefit review

**BENEFITS & OTHER**

<input type="checkbox"/>	Medical / Vision cards returned
<input type="checkbox"/>	Final payroll pay date: _____
<input type="checkbox"/>	Final vacation hours paid (if accrued and authorized)
<input type="checkbox"/>	Time Sheet (turned in on last day worked)
<input type="checkbox"/>	Health Insurance end date (or continuation info given)
<input type="checkbox"/>	Benefit Buffet Optional Benefit (terminated or continued?)
<input type="checkbox"/>	Retirement funds
<input type="checkbox"/>	Employee Separation printout received
<input type="checkbox"/>	Copy of this form given to employee

Your final paycheck will be an automatic deposit or will be mailed depending on how your current payroll is set up.

**Note:** If you should move prior to the end of the year of termination please notify of us of your new address so we can send your W2 to the correct address.

Mail to:

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Interviewer for Office Items

\_\_\_\_\_  
Signature of Interviewer for Benefits/Payroll

\_\_\_\_\_  
Date