

SAMPLE TERMINATION CHECKLIST

Employee name: _____

Employee number # _____

Department: _____

Manager: _____

Date hired: ____/____/____
mm / dd / yy

Effective date of termination: ____/____/____
mm / dd / yy

Termination letter/release is returned and signed?

Yes ☐ No ☐

Eligible to rehire?

Yes ☐ No ☐

Have legislated standards been met regarding working notice or payment in lieu?

Yes ☐ No ☐

Have human rights/common law entitlements been considered?

Yes ☐ No ☐

(When in doubt, seek legal counsel.)

PAYMENTS AND OTHER PAYROLL-RELATED ACTIONS

Item	Action to be taken	Done
Final pay period	Avoid overpayments of salary and ensure correct insurable hours and dollars	<input type="checkbox"/>
Vacation pay	Unused vacation balance of ____ days paid out: \$ _____	<input type="checkbox"/>
	Vacation accrual paid out: \$ _____	<input type="checkbox"/>
Overtime/banked hours	Unpaid overtime paid out: \$ _____	<input type="checkbox"/>
Banked sick days	Refer to company policy	<input type="checkbox"/>
Commissions	Refer to company policy	<input type="checkbox"/>
Advances/draws	Refer to company policy	<input type="checkbox"/>
Call-in Pay	Ensure day of termination is not included as part of payment in lieu of notice	<input type="checkbox"/>
Legislated payment in lieu of notice (if insufficient working notice provided)	Calculate and determine if vacation must accrue and if pensions/benefits must be maintained ¹	<input type="checkbox"/>
	Ensure CPP, EI, QPIP, and income taxes are calculated (no QPP)	<input type="checkbox"/>
Severance Pay/Retiring Allowance	Calculate, determine eligible and non-eligible portions	<input type="checkbox"/>
	Calculated income tax using lump-sum rates	<input type="checkbox"/>
Salary Continuance	Calculate and determine if vacation must accrue and ensure pensions/benefits are maintained	<input type="checkbox"/>
	Calculate C/QPP, EI, QPIP and income taxes	<input type="checkbox"/>
RSSP/RPP Transfers	Ask if employee would like to transfer any portion of final payment to an RRSP, RPP or DPSP (see CPA's sample Retiring Allowance Transfer Form)	<input type="checkbox"/>
Legal orders to pay/garnishments	Advise courts if employee had any Requirements to Pay, Family Maintenance or other garnishments.	<input type="checkbox"/>

¹ Under the Ontario *Employment Standards Act*, employees must retain all benefits until the end of the legislated notice period.

Item	Action to be taken	Done
	Verify order for requirements upon termination	<input type="checkbox"/>
Expense	Advise employee of options	<input type="checkbox"/>
	Written permission to deduct any advances from last pay	<input type="checkbox"/>
Record of Employment	Prepare accurately and within legislated time frame	<input type="checkbox"/>
Other		<input type="checkbox"/>

BENEFITS

Item	Action to be taken	Done
Benefits	Reconcile taxable benefits and process any necessary adjustments on final pay	<input type="checkbox"/>
	Reconcile employee-paid benefits deductions and process any adjustments on final pay	<input type="checkbox"/>
	Cancel or continue until _____ (refer to termination letter ²)	<input type="checkbox"/>
	Advise of possible transitional benefits offered by insurance provider	<input type="checkbox"/>
Life Insurance	Advise employee of conversion option and deadline	<input type="checkbox"/>
Pension Plan/Group RRSP	Notify pension department/administrator	<input type="checkbox"/>
Provincial medical forms (BC)	Group consideration	<input type="checkbox"/>
Profit Sharing/Bonus	Calculate percentage owing per terms of plan	<input type="checkbox"/>
Shares	Refer to company policy	<input type="checkbox"/>
Stock options	Refer to company policy	<input type="checkbox"/>
Car allowance	Cease/pro-rate	<input type="checkbox"/>
Company gas card	Returned to _____ on ____/____/____ (Name) mm / dd / yy	<input type="checkbox"/>
	Reconcile for possible taxable benefits	<input type="checkbox"/>
Employer-owned/leased vehicle	Obtain logbook and calculate automobile taxable benefit from personal kilometres reported	<input type="checkbox"/>
	Use Fair Market Value to determine potential taxable benefit if sold to employee	<input type="checkbox"/>
Service Award	Employee still eligible	<input type="checkbox"/>
	If employee no longer eligible, cancel order	<input type="checkbox"/>
Company loan	Repaid to _____ on ____/____/____ (Name) mm / dd / yy	<input type="checkbox"/>
	Outstanding balance/interest processed as taxable benefit	<input type="checkbox"/>

² Under the Ontario *Employment Standards Act*, employees must retain all benefits until the end of the legislated notice period.

Item	Action to be taken	Done
Tuition/ training reimbursements	Verify with company policy/employee contract for repayments upon termination	<input type="checkbox"/>
Sign-on bonus	Verify with company policy/employee contract for repayments upon termination	<input type="checkbox"/>
Other		<input type="checkbox"/>

COMPANY ASSETS

Item	Action to be taken	Done
Company credit card(s)	Returned to _____ on ____/____/____ (Name) mm / dd / yy	<input type="checkbox"/>
Employee discount card	Returned to _____ on ____/____/____ (Name) mm / dd / yy	<input type="checkbox"/>
I.D. card	Returned to _____ on ____/____/____ (Name) mm / dd / yy	<input type="checkbox"/>
Keys	Returned to _____ on ____/____/____ (Name) mm / dd / yy	<input type="checkbox"/>
Manuals, books or other company documents	Returned to _____ on ____/____/____ (Name) mm / dd / yy	<input type="checkbox"/>
Computer access codes	Remove access	<input type="checkbox"/>
Computers, tools or other equipment	Returned to _____ on ____/____/____ (Name) mm / dd / yy	<input type="checkbox"/>
	Sold to employee for Fair Market Value (FMV)	<input type="checkbox"/>
	Not returned, or given/sold to employee below FMV and processed as taxable benefit	<input type="checkbox"/>
Cell phones, PDAs	Returned to _____ on ____/____/____ (Name) mm / dd / yy	<input type="checkbox"/>
	Sold to employee for Fair Market Value (FMV)	<input type="checkbox"/>
	Not returned, or given/sold to employee below FMV and processed as a taxable benefit	<input type="checkbox"/>
	Employee permitted to retain number/service at own cost	<input type="checkbox"/>
	Deactivate number/service if employee not permitted to retain	<input type="checkbox"/>
Long distance telephone card	Returned to _____ on ____/____/____ (Name) mm / dd / yy	<input type="checkbox"/>
	Reconcile for possible taxable benefit	<input type="checkbox"/>
Other		<input type="checkbox"/>

COMMUNICATIONS

Item	Action to be taken	Done
Notify staff and management	Internal notification of termination (timing and method often a sensitive matter)	<input type="checkbox"/>
Union	Notify union of termination	<input type="checkbox"/>
Association/Board/Membership	Notify/cancel membership (if applicable)	<input type="checkbox"/>
Charitable donations	Inform employee of options	<input type="checkbox"/>
	Notify charitable organization	<input type="checkbox"/>
Canada Savings Bonds	Provide contact information at Bank of Canada	<input type="checkbox"/>
Finance	Provide details of any outstanding lump-sum payments, such as severance	<input type="checkbox"/>
IT department	Notify to remove access to company database	<input type="checkbox"/>
Internal staff directories	Remove employee's name	<input type="checkbox"/>
Mailing lists	Remove employee's name from list and/or database	<input type="checkbox"/>
Voice mail	Revert to default log-on and generic outgoing messages or deactivate	<input type="checkbox"/>
Current address for year-end information (T4, RL-1, etc.)	Advise employee to provide any changes of address by phone/e-mail	<input type="checkbox"/>
Other		<input type="checkbox"/>