

Termination Checklist

Employee Name _____

Termination Date _____

Company Name _____

<i>Need to Use?</i>	<i>Form Description</i>	<i>Date Given</i>	<i>Date Rec'd</i>	<i>Date Filed/Sent</i>
<input type="checkbox"/>	Termination Decision Checklist	N/A	N/A	_____
<input type="checkbox"/>	Final Paycheck Worksheet	N/A	N/A	_____
<input type="checkbox"/>	Final Paycheck Acknowledgment	_____	_____	_____
<input type="checkbox"/>	Notice to Employee as to Change in Relationship	_____	_____	_____
<input type="checkbox"/>	For Your Benefit (Form 2320)	_____	N/A	N/A
<input type="checkbox"/>	Cal-COBRA Notice to Carrier	N/A	N/A	_____
<input type="checkbox"/>	COBRA Notice to Plan Administrator	N/A	N/A	_____
<input type="checkbox"/>	COBRA Continuation Coverage Election Notice*	_____	_____	_____
<input type="checkbox"/>	Acknowledgement of Receipt of Notification of COBRA Rights*	_____	_____	_____
<input type="checkbox"/>	Health Insurance Premium (HIP) Notice	_____	N/A	N/A
<input type="checkbox"/>	Exit Interview	_____	_____	_____
	Claims: Responding to/Appealing Unemployment (UI) Insurance			
<input type="checkbox"/>	Appealing a UI Claim to an Administrative Law Judge	N/A	N/A	_____
<input type="checkbox"/>	Appealing a UI Claim to the UI Appeals Board	N/A	N/A	_____
<input type="checkbox"/>	Responding to a Claim for UI	N/A	N/A	_____
<input type="checkbox"/>	Other:	_____	_____	_____

* Required at time of termination for some employers.

Note: Forms in bold are legally required for all California employers.