

## **TERMINATION CHECKLIST**

Employee Name:		Termination Date:		
Compa	any Name:			
NEED TO USE	FORM DESCRIPTION	DATE GIVEN	DATE RECEIVED	DATE FILED/SENT
	Termination Decision Checklist			
	Final Paycheck Worksheet			
	Final Paycheck Acknowledgment			
	Notice to Employee as to Change in Relationship			
	For Your Benefit (Form 2320)			
	Cal-COBRA Notice to Carrier			
	COBRA Notice to Plan Administrator			
	COBRA Continuation Coverage Election Notice*			
	Acknowledgement of Receipt of Notification of COBRA Rights*			
	Health Insurance Premium (HIPP) Notice			
	Exit Interview			
	Claims: Responding to/Appealing Unemployment (UI) Insurance			
	Appealing a UI Claim to an Administrative Law Judge			
	Appealing a UI Claim to the UI Appeals Board			
	Responding to a Claim for UI			
	Other:			

Notes: Forms in bold are legally required for all California employers. Forms with \* are required at time of termination for some employers.

**Disclaimer:** Please use caution when executing this checklist. Some forms are required at the time of termination for some employers and some forms are legally required for all California employers. We do not intend the information above to be legal advice. By providing this information, we are not acting as your lawyer. If you need legal advice you are welcome to contact us or we recommend that you speak to your legal counsel before relying on this information.