**ENDING EMPLOYMENT CHECKLIST**

*To ensure a smooth transition as you end your employment with [organization], it is important to review and clarify the items on this checklist with your supervisor before your last day. Please initial all statements to acknowledge that you understand and will adhere to guidelines.*

* END DATE OF EMPLOYMENT

*Taking into consideration the needs of the employee and the organization, the following end date of employment has been agreed upon:*

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*NOTE: If the employee has outstanding vacation days, it is advised that they are paid out for the outstanding balance. This is in lieu of taking their remaining vacation days before ending their employment.

* VACATION PAY-OUT (if applicable)

*Any outstanding vacation balance will be paid out on your last paycheque.*

Number of vacation hours outstanding as of the last date of employment: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* OVERTIME PAY-OUT (If applicable)

*Any banked overtime hours will be paid out on your last paycheque.*

Number of banked overtime hours as of the last date of employment: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* MEDICAL/DENTAL BENEFITS (If applicable)

\_\_\_\_\_\_ *I understand that all medical and dental benefits will cease on my last day of employment with [organization]. I understand I am personally responsible for arranging alternate medical and dental coverage as I may require.*

* PENSION (If applicable)

\_\_\_\_\_\_ *I understand that all pension contributions will cease on my last day of employment and that I will personally need to contact the pension provider if I have questions regarding my [organization] pension plan.*

* EMAIL

\_\_\_\_\_\_ *I understand that my [organization] email will be closed three (3) days after my last day of employment. I have made arrangements for all my personal and/or important contacts to be transferred to my personal email account.*

* EQUIPMENT, TOOLS & ACCESS

I currently possess the following equipment and tools (laptop, cellphone, car, etc):

□ Computer/Laptop □ Cellphone □ Fobs/Keys

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ *I understand that I will need to return all equipment on my last day of employment. I understand that failure to do so may result in my last paycheque being withheld until all items are returned.*

□ STIPENDS

As part of my employment, I currently receive a stipend for my:

□ Cellphone □ Other

\_\_\_\_\_\_ *I understand that all monthly or annual stipends I receive as part of my employment will cease on my last day of employment.*

* RECORD OF EMPLOYMENT (ROE)

\_\_\_\_\_\_ *I understand that an ROE will be issued after my last day of employment. This ROE will be submitted electronically to Service Canada and I will have access to it via “My Service Canada” account. If I wish to receive a copy via an alternate method, I understand I must submit a request directly to the HR Department.*

* T4 SLIP

\_\_\_\_\_\_ *I understand that my T4 slip for the current tax year will be issued to me at the end of February next year and will be mailed to my address on file.*

* MAILING ADDRESS

*\_\_\_\_\_\_ I understand that after leaving [organization] I am responsible for updating my home address on file with HR/Payroll if I wish to successfully receive future documents, such as my T4 slip.*

* WORKLOAD

\_\_\_\_\_\_  *We have discussed my workload and outstanding projects and have made satisfactory arrangements to ensure adequate transfer of information to my replacement.*

□ ADDITIONAL ARRANGEMENTS & NOTES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Employee)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Supervisor)