**Ending Employment checklist**

[INSERT ORGANIZATION LOGO HERE]

Employee Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 the organization. I understand I am personally responsible for arranging 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 and access**

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

Computer/Laptop  Cellphone  Fob/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 project and have made satisfactory arrangements to ensure adequate transfer of information to my replacement.

**Additional Arrangements and Notes**

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| --- | --- | --- | --- |
| Signature  (Employee) |  | Date |  |
| Signature  (Supervisor) |  | Date |  |