S&L Dispatching — Termination & Separation Checklist

Confidential office form | Complete legibly; do not enter sensitive personal data in public systems.

Use: Complete each applicable field, sign/date where indicated, have authorized office staff review, then file in the restricted company folder.

Employee name: _____

Position: _____

Last day worked: _____

Separation type: voluntary/involuntary: _____

Objective reason / employee statement: _____

HR/legal review completed: _____

Owner approval/date: _____

Final pay deadline and payroll confirmation: _____

Equipment / keys / cards returned: _____

Account access revoked: _____

Documents and customer loads reassigned: _____

Benefits/required notices handled: _____

Employee notification date: _____

Manager signature/date: _____

OFFICE REVIEW — Received by: _____ Date: _____ Missing items / follow-up: _____