

XXX Company

To: Human Resource Department

STAFF CHECKLIST - TERMINATION

Resignation Dismissal Redundancy Transfer

Name:		Staff No.:			
Position:		Department:			
Details					
Notice Date:		Notice Period:			
Termination by Notice		Termination by payment			
Last Employment Date		Last Working Day			
Special Termination Conditions:			Approved by:		
Remarks:					
Control Documents	Date	Initial		Date	Initial
Resignation. / Termination letter			Final Pay Authorization		
Letter of Acceptance			Final Pay Letter		
Terminal Leave Report			Reference letter		
System Update	Date	Initial		Date	Initial
Termination			Final Payment		
Reports to 3rd parties	Date	Initial		Date	Initial
Medical			Work Visa		
Provident Fund / MOF / CPF			Inland Revenue		
Life & Accident					
Company Property Return Checklist	Date	Initial		Date	Initial
Keys / passes			Passwords changed		
Mobile phones			Medical cards		
IT equipment			Notify IT / email		