



TERMINATION AND LEAVE OF ABSENCE CHECKLIST

EMPLOYEE NAME: _____
 EMPLOYEE # _____ DEPARTMENT _____
 LAST DATE OF EMPLOYMENT _____
 STATUS: Termination Voluntary Involuntary ALLOW REHIRE: Yes No

LEAVE OF ABSENCE:

LOA Date: _____ Return Date: _____
 Reason: _____

Reason for Termination: New Job Poor Performance Disorderly Conduct
 Return to School Salary Attendance Other

Comments: _____

Letter of Resignation: Yes No

Proprietary/Classified Information Discussed (Manager/Supervisor Reviewed w/ EE) Yes No

Return Company Equipment and Property
 Laptop ERT Cell Phone Credit Cards Other

All Keys Returned
 Desk # _____ LOH # _____ ROH # _____ Other

Employee Handbook Returned Yes No

Security: Badge

Access to computer network cancelled: Yes No If no, why? _____

Final Time Card Submitted: Yes No

Final Paycheck Issued: Yes No

Exit Interview Questionnaire Completed: Yes No

I have submitted all outstanding Expense Reports Yes No
 I have received money owed from Expense Reports Yes No
 I have received my final wages and am paid in full by CMG Yes No

If any answer is NO contact HR immediately

By my signature below I certify that I do not have in my possession, nor have I failed to return to CMG or CMG Client Company any Company Confidential Information, including records, documents, data specifications, software, drawings, blueprints, reproductions, sketches, notes, reports, proposals or copies of them, or other documents or materials, equipment or other property belonging to CMG or CMG Client Company or any employee, customer, consultant, licensee. In addition, I agree to respect the employment condition of CMG or CMG Client Company employees and not hire or cause to leave employment any CMG employee(s) for a period of one year from my termination date.

 Employee Signature

 Date

 CMG On-Site Manager

 Date