

TERMINATION TOOLKIT

WORD OF LIFE TERMINATION CHECK LIST

Employee's Name	Position
Supervisor's Name	Department
Last Day of Employment	Hire Date

Before The Meeting

- Get resignation letter
 - If not, why: _____
- Gather documentation
- Find any policies in staff handbook or loose policies
- Layout reasoning
- Practice conversation
- Pick the date & time for the meeting: _____
- Determine who will be in the meeting: _____
- Prepare separation agreement
- Determine final paycheck amount
- Determine vacation payout amount (if applicable)
- Determine severance amount
- Determine extension date of benefits (if applicable)
- Prepare final check(s)
- Create draft of transition plan
- Create draft of communication plan and timeline
- Have answers to key questions:
 - Will they have access to email afterwards?
 - Who will be covering the responsibilities?
 - What about all benefits?
 - Are there unemployment options available?
 - Will they get a letter of reference?
 - How will they access/get their W-2?
- List out all the items needed from staff member
- Alert IT to remove account access during the meeting if that will be last day of work
- Schedule meeting for following day to meet again with employee (and spouse if applicable)

Final Meeting with Employee

- Give final paycheck, including date and discussion of any deductions, etc.
 - Date Paid Through: _____
 - Vacation Payout: _____
- Submission of final timesheet (if applicable)
- Final date of benefits coverage and COBRA information (if applicable)
- 403(b) distribution or transfer information (if applicable)
- Verify current home address
- Verify personal email address
- Verify cell phone number
- Have separation agreement signed
- Conduct exit interview
- Retrieve all company property (as applicable)
 - Staff badge
 - Building access fobs and keys
 - Computer
 - Credit card
 - Cell phone
 - Additional equipment
 - Other: _____

Administrative

- Remove network access
- Remove security/building access
- Remove access to database and any other applicable systems
- Forwarding email to: _____
- Execute communication plan for staff, volunteers, congregation/parents
- (as applicable)
- Change status in payroll system
 - Note: if severance being paid, keep active
- Change status of employee with 403(b)
- Move employee file to Inactive
- Remove from insurance coverage (if applicable)
 - Health
 - Dental/Vision/Disability/Life
- Send COBRA paperwork (if applicable)
- Provide any state required separation/termination documents (if applicable)

WORD OF LIFE EXIT INTERVIEW

Employee's Name	Position
Supervisor's Name	Department
Last Day of Employment	Hire Date

Was your decision to leave influenced by any of the following?

(Please check all that apply)

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Changing careers / self-employment<input type="checkbox"/> Location / Commute<input type="checkbox"/> Stay at home<input type="checkbox"/> Conflict with co-worker<input type="checkbox"/> Conflict with a supervisor<input type="checkbox"/> Organization culture<input type="checkbox"/> Lack of recognition<input type="checkbox"/> Compensation<input type="checkbox"/> Better job opportunity<input type="checkbox"/> Do not agree with organization policy / mission | <ul style="list-style-type: none"><input type="checkbox"/> Health / medical (you or family member)<input type="checkbox"/> Personal (not job related)<input type="checkbox"/> Retirement<input type="checkbox"/> Return to school<input type="checkbox"/> Military service<input type="checkbox"/> Relocation / moving<input type="checkbox"/> Work-life balance<input type="checkbox"/> Do not like position / different than expected |
|--|--|

Did you know what to do and what was expected of you?

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Did the job give you an opportunity to make adequate use of your skills and abilities? Did you feel your work was appreciated?

If you were in your supervisor's position, what would you do differently, if anything?

Are there any important goals you believe you did NOT achieve? Why?

Are there any policies, procedures, and structures that we could implement to help your successor?

Would you like us to give general feedback and reflections on your ministry here as you leave?

Would you work here again?

Place an X in the appropriate box	Very good	Good	OK	Ugh!
Orientation to job				
Communication within the organization				
Cooperation with your department				
Cooperation with other departments				
Balance of workload				
Adequacy of training				
Frequency/value of coaching and feedback				

WORD OF LIFE CHURCH SEPARATION AGREEMENT

Date

Dear [Employee Name],

This note confirms our conversation regarding your transition from the staff at [Organization Name]. This confidential agreement is between [Employee Name] and [Organization Name]. We wish to reach an amicable separation with you and assist your transition to other employment. Therefore, in consideration of the promises and mutual agreements, the transition is agreed by you and [Organization Name] as follows:

Termination Date:

- The last day of your job responsibilities will be [Date].
- On your final day of work, you will be paid all wages, salary, [unused accrued vacation/PTO], and other compensation due through your last day worked, whether or not you sign this agreement.

Severance Package:

- [Organization Name] agrees to provide you with the following payments and benefits (Severance Package) to which you are not otherwise entitled.
- You agree that this Severance Package constitutes adequate consideration for the promises and representations made by this agreement. There are no further obligations of [Organization Name] outside of this agreement.

Severance Payment:

- To assist you in this transition, we will continue to pay your full salary, less appropriate withholdings through [Date] or when you begin your new employment, whichever comes first.

Benefits:

- Should you wish to continue your medical insurance, [Organization Name] will pay for family medical coverage. This is contingent on your election of COBRA as of (the first day of the month following the termination date).
- Upon your election, [Organization Name] will pay the premiums on your behalf through [Date], or when you begin your new employment, whichever comes first.

- Considering your service these past years, [Organization Name] would like to provide the opportunity for you to use [Number of Sessions], 1-hour counseling sessions with an approved counselor. This offer is good up through one year from the date of this Agreement.

Equipment and files:

- Any and all [Organization Name] equipment and files should be returned to [Organization Name, Address] no later than [Date], included but not limited to computer, cell phone, tablet, camera equipment and electronic files.

Release:

- You unconditionally release and discharge [Organization Name] from all claims of employment, the termination of employment, and all other losses, liabilities and claims directly or indirectly connected with your employment with [Organization Name].

This agreement is dependent on your maintaining unity with staff and members of our church/ministry family.

- You agree not to make any voluntary statements, written or oral, or cause or encourage others to make any such statements that defame, disparage or in any way criticize personnel and/or church/ministry reputation, practices, or conduct of [Organization Name].
- In the event that you breach any of your obligations under this Agreement, you agree that [Organization Name] will be entitled to recover from you the severance pay paid under this Agreement and to obtain all other relief as may be provided by law or equity.

You agree that the terms and conditions of this agreement, as well as the discussions that led to the terms and conditions of this agreement are intended to remain confidential between you and [Organization Name].

We know that your heart desires to serve our Lord Jesus Christ and reach the ends of the earth for His glory. It is our sincerest prayer that God will lead you to His next place of employment in a timely way and demonstrate His faithfulness in provision.

Sincerely,

[Signature]

[Title] Ex: Senior Pastor, Campus Pastor or Human Resources

Acknowledgement:

By signing this letter, I hereby acknowledge that I have read this Agreement, that I understand the terms and conditions contained in this Agreement and that I am signing this Agreement voluntarily.

Printed Name: _____

Date: _____

Signature: _____