

PRE-TERMINATION OF EMPLOYMENT

This Pre-Termination of Employment checklist is provided as a guide when seeking a preliminary legal opinion from your own counsel before terminating an employee. This should aid your counsel in evaluating whether the proposed termination creates potential legal exposure and the need for additional legal advice.

1. Name of Employee: _____
2. Date of Hire: _____
3. Current Position: _____
4. Rate of Pay: _____
5. State in detail the reason that you wish to terminate this employee:

6. Do you think that this Employee is likely to file a legal claim? If so, why?

7. Is the employee in any protected class? Please identify each applicable category and provide as much detail as is available.

Age (over 40):	_____
Race:	_____
Color:	_____
National Origin:	_____
Religion:	_____
Sex:	_____
Physical or Mental Disability:	_____
HIV/AIDS:	_____
Sexual Orientation:	_____
Gender Identity:	_____
Medical Condition (<i>cancer or genetic characteristics</i>):	_____

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Pregnancy Disability: _____

Marital Status: _____

8. Has the employee reported a work-related injury or have a record of a Workers Compensation claim?

Yes: _____ No: _____

If yes, ensure that you have documents including DWC 1 Forms and doctor's notes.

9. Has the employee requested or taken time off for medical reasons, military, Pregnancy Disability Leave or Family and Medical Care Leave?

Yes: _____ No: _____

If yes, ensure that you have documents including LOA forms and doctor's notes.

10. Has the employee received prior verbal or written counseling?

If so, have available for review.

Yes: _____ No: _____

11. Has the employee violated a written rule or policy contained in your employee handbook? *If so, have available for review.*

Yes: _____ No: _____

12. Do you have an oral or written agreement with the employee concerning any term or condition of employment?

Yes: _____ No: _____

13. Do you have a formal or informal progressive discipline policy?

If so, have available for review.

Yes: _____ No: _____

14. Are there any additional facts or factors that are relevant to this proposed termination?

Yes: _____ No: _____

Please state the additional facts or factors.

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- 15. Have you considered a Final Written Warning, demotion, transfer or further training? If not, why? _____

- 16. What type of discipline has been imposed on other employees involved in similar circumstance(s)? _____

I agree to the above terms and conditions and verify all of the above information is accurate and complete.

[Signature]