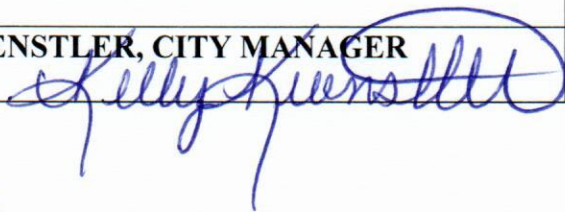




SECTION: HUMAN RESOURCES	REFERENCE NUMBER: A12
SUBJECT: OUT-PROCESSING EMPLOYEES	EFFECTIVE DATE: 09/01/2018
FROM: KELLY KUENSTLER, CITY MANAGER 	LAST REVISION DATE: 03/06/1997

A. **PURPOSE**

To establish procedures to ensure that departing employees receive the required information regarding their benefits and to ensure compliance with appropriate state and federal requirements.

B. **RESPONSIBILITIES**

1. The Human Resources Director will prepare out-processing packets and conduct exit meetings for departing employees prior to their termination of employment to ensure that all appropriate paperwork is completed.
2. Each Department Head will ensure that terminating employees are cleared from their department prior to the issuance of a final paycheck and that the procedures outlined in the procedural directive and other City and departmental policies regarding the out-processing of employees are followed.

C. **APPLICABILITY**

The procedures outlined herein shall be applicable to all employees, regardless of their employment status. For part-time and temporary hire employees, only those portions of the various checklists which are applicable to their situation shall be utilized.

D. **PROCEDURES**

1. An employee will submit a written resignation notice whenever possible. This resignation notice should indicate the effective date of the voluntary separation of employment. Generally 14 (fourteen) days notice is required when submitting a resignation.
2. Upon the receipt of the resignation notice, the Department Head will notify the Human Resources Director of the voluntary separation of employment. The Department Head will then complete the departmental termination checklist

(Attachment A) and forward it to the Human Resources Director no later than five (5) days prior to the employee's last day of employment.

3. Upon the notification by the Department Head, the Human Resources Director will schedule an exit interview with the departing employee. This interview should occur no later than three (3) days prior to the employee's last day of employment.
4. The Human Resources Director will complete **(Attachment B)** for the employee's out-processing at the City level. The departing employee will be asked to complete **(Attachment C) and (Attachment D)**. If the employee refuses to participate in the exit interview, all material which requires action by the employee will be sent via certified mail to the last known address of the employee.
5. The City Manager, at his/her discretion, may require that an exit interview with the departing employee be conducted. Also, the departing employee may request an exit interview with the City Manager.
6. The final paycheck of the employee will not be released until the employee has cleared all required areas of the City.

E. **ATTACHMENTS**

A – Out-Processing Checklist – Departmental

B – Out-Processing Checklist – City

C – Exit Interview Questionnaire

D – Authorization to Release Information

E - Addendum to Authorization to Release Information

ATTACHMENT B

OUT-PROCESSING CHECKLIST – CITY (pg1)

Name of Terminating Employee

Date

Exit interview is conducted by Human Resources. The following items will be covered:

- _____ TMRS Forms provided to employee - Employee understands that it is their responsibility to ensure completion of the forms
 - _____ Refund Form
 - _____ Retirement Packet

- _____ COBRA notification will be provided by the Insurance Broker to the address you have on file

- _____ Cafeteria plan deductions - participating/amount paid/amount reimbursed
Amount Dedicated _____ Amount Unused _____

- _____ Payroll Deductions
Last Premium Payment for Insurance Amount _____
Fire House Dues _____
Uniform Allowance Amount _____
ICMA Deduction _____

- _____ Accrued Leave
 - Annual/Personal _____
 - Holiday _____
 - Compensatory Time _____

- _____ ICMA- Employee understands that it is their responsibility to contact ICMA for withdraw

- _____ Release of Information Memorandum

- _____ Health/Dental insurance canceled the last day of the month

- _____ Voluntary Term Life Insurance

- _____ Employee Assistance Program Canceled the last day of the month

- _____ Eligibility for Unemployment Compensation benefits

- _____ Exit Interview Form Completed

- _____ Disengage Work Email

- _____ Other _____

Attachment B

OUT-PROCESSING CHECKLIST - CITY (Pg 2)

Please complete the spaces below and return this form to the Personnel Officer at the end of the interview. This information will be maintained in your official personnel file.

I certify that the above mentioned items have been explained to me and that I have had the opportunity to ask questions.

PRINT FULL NAME

SOCIAL SECURITY NUMBER

EMPLOYEE'S SIGNATURE

DATE

ATTACHMENT C
Confidential
Exit Interview Form

Was your decision to leave the City of Leon Valley influenced by any of the following? Please check all that is applicable.

- Secured Better Positon
- Leaving Area
- Returning to School
- Dissatisfied
 - Type of Work
 - Working Conditions
 - Salary
 - Supervision
 - Other

Comment _____

ATTACHMENT D

AUTHORIZATION TO RELEASE INFORMATION

I, _____, an employee of the City of Leon Valley, hereby authorize the City of Leon Valley to furnish to any future employer that I may have any and all information they may request concerning my employment with the City of Leon Valley. I hereby direct the City of Leon Valley to release such information upon request from a bearer of an authorization to release information. This release is executed with the full knowledge and understanding that the information is for the official use of the City of Leon Valley.

I hereby release the City of Leon Valley, as custodian of such records from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associated because of compliance with a valid authorization and request for information or any other attempt to comply with it.

Authorizing Signature

Printed Name

Date

ATTACHMENT E

ADDENDUM TO AUTHORIZATION TO RELEASE INFORMATION

Do you have any reason to believe that any person supervising or reviewing your performance acted out of personal ill-will or other improper motive in evaluating your conduct? If so, show the name(s) and reason(s) here:

Name

Reasons:

Name of Employee

Signature

Date