PERSONNEL REGULATION - No. 2007-01

SUBJECT: EMPLOYMENT SEPARATION GUIDANCE

EFFECTIVE DATE: October 1, 2007 (Revised June 26, 2008)

#### Purpose of Policy

This policy provides general guidance for employees who are leaving employment with the City.

This policy is not intended to usurp any rights afforded to employees under the City Code or any collective bargaining agreement.

#### **ATTACHMENTS**

- FAQ Sheet
- Employee Clearance Checklist
- Exit Interview Form
- Acknowledgment Form

#### **PROCESS**

#### Employee Clearance Checklist

Department Heads/Managers or their designees will be responsible for completing the Employee Clearance Checklist for employees of their Department. The City Manager or his or her designee will be responsible for completing the Employee Clearance Checklist for Department Heads/Managers.

#### Return of City equipment and repayment of debts

Employees must return all City equipment in good condition and repay all outstanding debts owed to the City. The cost of repairing or replacing lost or damaged City property will be deducted from the employee's final paycheck. The City will take legal action when necessary to ensure that all City property is returned and all debts are satisfied.

#### Resignation - Voluntary separation from City employment

Employees shall submit a written resignation to your department head at least two weeks before the effective date of resignation. Department heads shall submit a written resignation to the City Manager at least 60 days before the effective date of resignation or as required by any existing employment contract.

All employees must complete the attached Exit Interview Form and submit it to Human Resources seven (7) working days prior to last day of employment with the City and must cooperate in the completion of the Employee Clearance Checklist. An employee's failure to complete and submit the Exit Interview Form or cooperate in the completion of the Employee Clearance Checklist constitutes a violation of City policy that may impact the employee's standing at the time of the termination of his or her employment and may render the employee

ineligible for future employment with the City.

Department Heads Managers will forward a Personnel Action form (PAF) and resignation letter to the Human Resources Department.

#### Termination - Involuntary separation from City Employment

Department Heads/Managers will forward a PAF and appropriate documentation supporting termination to the Human Resources Department. Procedures for termination should adhere to the City Code or appropriate collective bargaining agreement.

Where City policies or collective bargaining agreement are unclear on implementation, rights will be resolved by the City Manager or his or her designee.

PROPOSED:

Karen Hampton, Human Resources Manager

APPROVED:

Barbara Burns Matthews, City Manager

# Frequently Asked Questions (FAQS) Regarding Employment Separation

#### Q. How do I resign?

A. You should submit a written resignation to your department head at least two weeks before the effective date of your resignation. Department heads must submit a written resignation to the City Manager at least 60 days before the effective day of your resignation.

#### Q. What happens after I submit my resignation?

A. Your department head will forward a Personnel Action From (PAF) to the Human Resources Department.

Your last paycheck will be mailed to you or deposited directly to your bank account, if you have chosen the direct deposit option.

Management reserves the right to release the employee prior to their effective date of resignation.

#### Q. Is there anything else I need to do?

A. Yes, before you leave, you must cooperate in the completion of the Employee Clearance Checklist, complete the Exit Interview form, and return to your Department Head/Manager any City equipment, including ID card, keys, or other City property you have in your possession.

#### Q. What happens to my health insurance if I separate from the City?

A. Your health insurance coverage ceases after midnight of the last day of your employment with the City, unless you elect to have your coverage extended through COBRA.

COBRA stands for the Consolidated Omnibus Budget Reconciliation Act of 1986, a federal law which provides for the continuation of current health care coverage for you and your dependents for a limited period. The employee will be responsible for paying the total health insurance premium (which will be equal to the City and employee contributions, plus a 2% administrative fee).

Upon termination, a letter will be sent to you informing you of COBRA, your rights under that law and instructions for applying.

Retiring employees may continue their health insurance under the City's group plan at their own costs. Retirees will be responsible for paying the full cost of the premium. Premium payment must be submitted to the City's Finance Office, the 1<sup>st</sup> of each month. Retirees who have Medicare Parts A & B and want to continue their health insurance with the City, must select the Medicare Health Insurance offered by the City.

#### Q. May I continue life insurance coverage?

A. Employees may continue life insurance coverage through a conversion policy. For more information contact SunLife Group Customer Service Center at 1-800-247-6875.

#### Q. May I continue my supplemental insurance coverage with Colonial Insurance?

A. Yes. Please call Colonial Insurance at 410-823-4030 for additional information. Complete Continuation Form and pay Colonial directly.

#### Q. What do I need to do if I'm getting ready to retire or leave City employment?

A. On separation from employment or retirement from the City, you will be given or mailed an information packet regarding withdrawing your deferred compensation account balance.

#### Q. What happens to my annual leave when I leave City employment?

A. You'll be paid for any unused annual leave up to 240 hours. The return of all equipment and any outstanding balances i.e. computer loan, tuition reimbursement, vehicle, clothing and boot allowances must be settled before the leave payoff can be made. Any amount that exceeds the maximum allowable limit will be forfeited.

#### Q. What happens to my sick leave when I leave City employment?

A. You don't receive reimbursement for accumulated sick leave. If you are retiring, your sick leave balance may be credited towards your retirement benefit.

#### Q. What happens to my compensatory time on my separation from the City?

A. You will be paid for your compensatory time up to 80 hours, the maximum amount that an employee may accrue.

#### O. What happens to my personal leave when I leave City employment?

A. You do not receive reimbursement for unused personal leave. Any remaining leave is

forfeited.

#### Q. What happens to any debts owed to the City at the time of separation?

A. You are responsible for the return of all City property and for the reimbursement debt owed the City at the time of separation.

## Q. If I'm currently taking classes funded by the Tuition Assistance Program, do I owe the City any money when I separate?

A. Yes. Employees who do not complete the mandatory service requirement for the Tuition Assistance Program are required to reimburse the City. Please refer to the Tuition Reimbursement Policy.

#### Q. What is the process for paying off an outstanding 457 Loan?

A. All loans are due and payable when a participant receives a distribution of all of his/her account balance after separation from service. The amount of the outstanding loan balance will be reported as a distribution in addition to the amount of cash distributed from the plan. For additional information contact ICMA Retirement Corporation at 1-800-669-7400.

### Q. What happens to my retirement contribution if I'm a member of the Maryland State Retirement System?

If you have less than five years of membership in the retirement system, you may elect to have funds plus interest that you contributed refunded. (You must complete an application in order to receive your money.)

If you have more than five years of membership in the retirement system, you also have the option to leave your money in the retirement account and draw a future benefit when you become eligible. Please refer to your State Retirement Benefits Handbook.

Please contact State Retirement and Pension System of Maryland at 1-800-492-5909 to explore your options and to obtain the necessary forms.

#### If you are a member of the Takoma Park Police Employees' Retirement Plan:

Non-vested participants will receive a return of employee contributions plus interest at 5%.

Vested participants (5 or more years of service) may elect one of the following:

- 1. return of employee contributions plus interest at 5% or
- 2. full vested benefit payable at age 62; or

3. actuarially reduced vested benefit payable as early as age 55 with 15 years of eligibility service.

Retirement and cash-out options will be processed automatically by Human Resources.

- Q. What happens to the outstanding balance in my dependent care and health care flexible spending accounts?
- A. If you have documentation for expenses incurred during the benefit year and any applicable grace period, you can recover those monies by completing and submitting reimbursement forms to Ceridian.

Any money in the account not used for reimbursement of eligible expenses by June 30<sup>th</sup> of the calendar year following the year you participated in the plan will be forfeited in accordance with IRS rules.

This benefit can not be continued after employment. Contributions to your account must be deducted from payroll payments.

- Q. What do I do if I have an active Workers' Compensation claim and am planning to separate from City Service?
- A. Please contact Risk Management: Management Assistant or Admin's Executive Assistant at x7266 or x7203 respectively.
- Q. What if I have other questions about my benefits?
- A. Please contact Human Resources at x7201.
- Q. Do I have to notify the City if I change my address after I leave employment?
- A. Yes. The City may need to contact you. Also, the Finance Department will need to send you a W-2 statement of earnings for the year you left City Employment.



### City of Takoma Park Clearance Checklist

Employee Name:	Employee ID: & Dept.	
XXX	Date of Birth	
Hire Date:	Separation Date:	
Forwarding Address:	W ==	
Home Number:	New Work Number:	
Note:		

I. <u>City equipment return checklist to be completed by the employee's Department Head or the Department Head's designee.</u> Enter an "X" in NA column for each equipment item that was not issued to the employee and sign and date such rows. Otherwise, sign and date each row upon confirming that the employee has returned each equipment item.

Item	N/A	Authorized Signature/Date	Extension No.
Keys (door, file, car)		2	
Identification Card			
Gas Key			
Cell Phone or Pager			
Portable Computer			
City Vehicle			
Equipment			>
Clothing/Uniforms			
Credit Card(s)			

Debi	t Card(s)						
Othe	r City Property						
Loan	s & Allowances	N/A	Authorized Sign	nature/Date		Dept.	Extension No.
Tuiti	on Reimbursement					HR	
Com	puter Loan					Finance	
Cloth	ning Allowance					Finance	
Vehi	cle Allowance					Finance	
Boot	Allowance					Finance	
Othe	r						
						-	
Signa	If department purch. Voice mail message Coordinate with the Clear desk and/or Le Forward PAF to Hu  rmation Systems: ature/Date	changed Commun ocker etc man Rese	nications Departm ources	nent to remove	name from web	osite	ed purchaser.
	Keyless entry accou	nt delete	d				
	Network access acce	ount term	ninated				
	Voice Mail Passwor	rd					
	Computer log -on(s)	)					
	E-mail account Should e-mail be rerouted? Yes No If yes: email address:						
	Cancel Long Distance Codes						

	ce Department:  are/Date
	Outstanding accounts if any
76	n Resources: ure/Date
	Resolve Benefit Related Items and Review Benefits Continuation (Mandatory for all Employees). Visit Human Resources
☐ F	Retirement
	Deferred Compensation
☐ F	Health/Dental/Vision Insurance
	Life and Long Term Insurance
	Medical/Dependent Care Flexible Spending Accounts
☐ P	Professional/Trade Association
_ v	Worker's Compensation
☐ F	Review and close out Personnel File
ACKNO	OWLEDGMENT:
II.	
	ead and/or been informed of my grievance rights, my re-hire rights, and my benefits continuation rights onsibilities.
Employe	ee Signature and Date:
Departm	nent Head Signature and Date:

#### **Exit Interview**

Please take 8-10 minutes to answer the following questions as honestly as possible. Your individual responses are treated as confidential up to the point that it can not and will not become part of your HR file.

Employee Name			Position Title				
1. Specifically why	are you leaving the organization	on? (If mov	ing, provide forwa	rd address for W-2/taxes)			
Designa	Sacandamy (Charle all that	annly)					
Primary	Secondary (Check all that	appry)					
		Secured E	Better Job				
		Return to	School				
		Family					
		Issues wit	h Supervisor				
		Problems	with Hours				
		Not Satis:	fied with Wages				
	☐ Disliked type of work						
	Professional level of job						
	Quantity of Work						
	Physical Condition						
	Working Conditions						
	Transportation Problems						
		Other		-			
2. If leaving to take a new job what does your new job offer that the City does not?							
3. Was your salary s	satisfactory for the job you we	re performir	ng?				
☐ Yes ☐ No	Comments:						
4 What did you enio	ov the most while working for	r the City?					

5.	What did y	ou least enjoy while working	for the City?			
6.	Do you fee	el you were treated fairly whil	e working for the Ci	ty? Please explai	n. "	
7.	What are y	our thoughts and feelings abo	out your position and	department?		
	A.	What did you like most in you	our position? What	did you like least?		
		Was the job realistically pre  Yes No		you were hired?		
	В.	What did you enjoy the mos	t and what did you l	east enjoy about y	our department?	
		Do you believe you were given opportunities within the org			-	
		Did you have the appropriat	e equipment and res  Comments:			
		Do you have suggestions for Yes No	r improvement?  Comments:			
W	hat do you	think of the following in your	department?			
			Excellent	Fair	Poor	
	Cooperation/teamwork in the department		a a			
	Cooperation with other departments					
Ι	Department orientation					
	Communica	tions				
7	Working Co	nditions				
7	Work schedu	ule				

How do you feel about the following as it relates to your department head/supervisor?

	Excellent	Fair	Poor
Follows policies and procedures			
Demonstrates fair and equal treatment			
Provides recognition for a job well done			
Resolves Complaints and problems			
Gives needed information			
Completes Performance Evaluation and Provides timely feedback about my work performance			
Welcomes and listens to suggestions			
low do you feel about the following?			

	Excellent	Fair	Poor
Rate of pay for your job		I K	
Amount of paid leave accrual		ir	
Health insurance program			
Tuition assistance program			
Retirement Plan			
Training Opportunities			

Are there ch	hanges wh	nich could have been made to prevent you from leaving?	
☐ Yes	☐ No	Comments:	
Other comp	ments if a	ny: (Use back of form)	