

COUNTY OF SHASTA		Number
ADMINISTRATIVE MANUAL		7-130
SECTION:	Employment	Employee Separation Processing
INITIAL ISSUE DATE:	February 7, 1995	
LATEST REVISION DATE:	March 30, 2018	
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PURPOSE

To establish a process to distribute materials to (and obtain information from) employees as they separate from County employment.

BACKGROUND

The County has obligations under various California and federal laws to provide specific information, especially about rights and benefits, to employees who separate from County employment. This information may vary depending whether the employee separates voluntarily or involuntarily. Additionally, the County needs to obtain certain information from these employees. Because the Payroll Office and Personnel Division are often unaware of an employee's separation until after the employee has already left County service, it must be the responsibility of the employee's department to ensure that these tasks are completed.

This policy will establish a formal process for a department to follow when an employee separates (or is terminated) from County employment.

POLICY/PROCEDURE

It is the responsibility of the agency or department head (or his or her designee) to assure that the attached Receipt Form - Employee Separation is utilized when employees separate from County employment. An interview must be scheduled with the employee to complete the required paperwork prior to the employee's separation. The department must follow the directions on the form, noting that some items do not apply to extra-help (EH) employees.

In an extraordinary situation (example: an employee leaves town due to a family emergency and later, mails a resignation letter to the department) the interview should be conducted over the phone and/or through the mail. The department must document all steps of such a separation process.

The directions on the Receipt Form - Employment Separation indicate which documents are to be given to the employee, and which are to be returned to Payroll or Personnel. After the department representative reviews the packet with the employee, the employee must sign the receipt form. The employee gets a photocopy of the receipt form and the original must be forwarded to Personnel.

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If applicable to the employee’s classification title, a Conflict of Interest Form will also be given to employees separating from County employment for completion (this is a requirement of the State of California and Shasta County). This form must be provided to the Clerk of the Board within 30 days of separation.

The receipt form may be updated by Personnel from time to time, as needed, without prior approval of the Board of Supervisors. The Clerk of the Board shall insert the modified receipt form into the online Administrative Manual.

Departments must request packets of exit materials, as needed, from Personnel.

RESPONSIBLE DEPARTMENTS

All Departments are responsible to conduct an exit interview with a separating employee.
Support Services – Personnel

REFERENCES

- Administrative Update—Personnel update Receipt Form—3/30/18
- Administrative Update--07/13/2012
- BOS Policy Resolution No. 2008-02--3/4/08 (Renumbered to 7-130 from 8-121; amended)
- BOS Policy Resolution No. 2001-10--8/14/01 (Amended)
- BOS Policy Resolution No. 98-6--12/29/98 (Amended)
- BOS Policy Resolution No. 95-2--2/7/95

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RECEIPT FORM – EMPLOYEE SEPARATION

Employee _____ **Name** _____ **Depart**

The department representative’s initial (or note “N/A” for “not applicable” in the space provided) will serve as substantiation that the County has met its legal obligations to provide information to a separating employee. “R” designates “Regular” and “EH” designates “Extra Help.” Please distribute items to the employee or return to the proper department as specified below.

After completion by the department, submit the following forms to Personnel through PAFs Online:

- | | |
|---|--|
| <input type="checkbox"/> Personnel Action Form [R/EH] | <input type="checkbox"/> Shasta County Separation Report [R/EH] |
| <input type="checkbox"/> Resignation Form (at employee’s option) [R] | <input type="checkbox"/> Deputy Revocation Oath Form and Policy [R/EH] |
| <input type="checkbox"/> Statement Concerning Employment Not Covered by Social Security [R to EH] | |

The following information and copies of notices and forms are to be given to the employee. An employee may choose to complete forms during exit interview or take for further consideration and return to Payroll at a later date.

- | | |
|--|--|
| <input type="checkbox"/> COBRA Continuation Coverage Election Forms and Notices – 3 forms [R] | <input type="checkbox"/> Notice to employee as to change in relationship (Notice to employee only upon his/her discharge, layoff, or leave of absence) [R/EH] |
| <input type="checkbox"/> Notice to Terminating employees – HIPP Program [R] | <input type="checkbox"/> Notice to Retirees regarding future work for the County in an Extra-Help capacity/enrollment in the Public Agency Retirement Services Alternate Retirement System (PARS) [R to EH] |
| <input type="checkbox"/> Inform employee that the medical insurance provider will send a Certification of Group Health Plan Coverage under the Health Insurance Portability and Accountability Act (HIPPA) to the home address on file with them [R] | <input type="checkbox"/> Brochure “For Your Benefit, California’s Programs for the Unemployed” [R/EH] |
| <input type="checkbox"/> Basic Life Insurance – and Life Insurance Conversion Information Request Form [R] | <input type="checkbox"/> Inform employee the W-2 will be sent in January to last known address (The employee may update address with Payroll as needed) [R/EH] |
| <input type="checkbox"/> Inform employee PERS will mail notice of options concerning retirement funds [R] | <input type="checkbox"/> Inform employee that if (s)he participated in any Deferred Compensation Program, (s)he must contact the provider about change in employment status within 60 days of termination [R/EH] |
| <input type="checkbox"/> Inform employee PARS will mail notice of options concerning retirement funds [EH] | |

Acknowledgment of Return of County Property [R/EH]

- | | |
|--|---|
| <input type="checkbox"/> Keys, Cardkeys, Parking Permit, I.D. Badge, etc. | <input type="checkbox"/> Conflict of Interest Form #700 (Notify Clerk of Board) – See Resolutions and Exhibits regarding Conflict of Interest Code for covered positions. |
| <input type="checkbox"/> Collect CalCard/ Inform Auditor-Controller to cancel per current process. | <input type="checkbox"/> Inform Fleet Management to cancel Fuel Card ID # |
| <input type="checkbox"/> Inform Information Technology to cancel computer access | <input type="checkbox"/> Other _____ |

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I acknowledge that I have received, returned, and/or reviewed, as noted, the above items.

Signature: _____ Date _____
(Separating Employee)

Name (Print): _____

Address: _____

Email Address: _____