Exit Interview Procedure

The following are guidelines to follow in the implementation of the exit interview process.

An exit interview package will be provided to the employee after Human Resources receives written notice of resignation, retirement, transfer to another agency or are terminated. The forms must be completed and returned on your last day of work.

During the Exit process, information will be provided on insurance, retirement benefits and final payroll processing. The last regular payroll check will not be processed through direct deposit but will be issued to the employee as a regular payroll check. The Exit Process must be completed prior to processing final payroll or annual pay off.

Upon departure from the College you will need to pick up the following forms:

1. Exit Interview form - This form allows you to express any concerns, make suggestions, and tell us the reason for leaving. A series of yes/no questions follow.
2. Clearance sign-off form
3. Cobra Package for continuation of health care (to be paid by employee)

Clearance sign-off form requires the signature of the following departments:

**Departmental signature** is required from the all employees department to ensure that assignments are completed, faculty reports and grades are turned in, and teaching materials are returned.

**Information Technology** signs off when equipment, instruction manuals and access codes, software are returned.

**Library** signs off once books are returned and fines, if any, are paid.

**Payroll** requires that final time sheets are turned in and pay advances, if any are paid.

**Public Safety/Locksmith** - Once in this area keys, I.D. cards and Parking sticker should be returned.

**Property Management** - Any office laboratory and/or recreation equipment, any tangible office property must be returned to this office.

**Human Resources** - is the final destination. Once here you will see the Timekeeper and Benefits Officer. Your exit interview will be conducted. You may turn in your swipe card here if you are a classified employee.

Once all the needed signatures on the clearance form are obtained, a visit to the Human Resources Office will be required in order to hand in:

a. Final timesheet(s)/card(s)
b. Swipe card (if you are a classified employee)
c. Obtain information regarding any final paychecks and leave balance payments due
d. Return Exit Interview form

Exit Interviews are confidential and will be used by Human Resources to identify trends as to why people are leaving and which may lead to changes in employment practices designed to improve the City work environment and improve employee retention.

Employees will sign a form indicating they have received the COBRA package and that an exit interview has been conducted.

Please note an exit interview is necessary in order to ascertain that the employee has complied with the College’s requirements for termination of services.

All employees are expected to adhere to these procedures.

Contacts

Bridget Sheridan, COA/Timekeeper 718-518-6819, bsheridan@hostos.cuny.edu

Keisha Pottinger, HR Manager/Benefits Officer 718-518-6652, kpottinger@hostos.cuny.edu
EXIT INTERVIEW FORM

Last Name  First   Initials   Social Security Number

Forwarding Address  Street  City  State   Zip Code

Department         Immediate Supervisor

Reason For Separation

Voluntary                  Involuntary
Better job                Lack of funds
Insufficient pay           Lack of work
Relocation                 End of appointment
Illness                    Non-Reappoint
Retirement                 Mandatory retirement
Family                     Disciplinary *
Other (Use back if necessary):          *State reason: _____________________

Please check the appropriate lines (additional comments may be placed on the back).

1. Do you feel were properly placed on your job considering your interest, ability and schooling?……………………………………..  ___ ___
2. Did you like your job? ……………………………………………… ___ ___
3. Do you feel you received adequate training on your job? ..........  ___ ___
4. Do you feel the workload which you were asked to undertake was Reasonable………………………………………………………..  ___ ___
5. Do you believe you received fair pay for the work you are doing  ___ ___
6. Do you feel the working conditions were good? .................  ___ ___
7. Do you feel your colleagues were cooperative? .................  ___ ___
8. Do you feel you received effective and fair supervision while You were here? .........................................................  ___ ___
9. Do you feel that you were kept properly informed about college Policies and developments? ...........................................  ___ ___
10. Do you feel the promotional prospects would have been good had you stayed…………………………………………………………………. ___ ___
11. Were you satisfied with employee benefits such as sick leave, vacations, retirement plan, medical plan , etc  .........................  ___ ___
EXIT INTERVIEW FORM

12. If a friend of yours were looking for a position would you recommend that he or she work here? ____________________________________________  __  __

13. Would you work for the college again? _____________________________  __  __

What were your most important reasons for leaving?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What suggestions do you have which will make this college a better place to work?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature_______________________________________  Date _________________________
FACULTY & STAFF CLEARANCE SIGN-OFF FORM

Name ____________________________________        Title_____________________________
Department________________________________        Separation Date___________________

CLEAREANCES MUST BE OBTAINED FROM THE FOLLOWING AREAS PRIOR TO THE RELEASE OF FINAL PAYCHECK

SIGNATURE__ DATE__

DEPARTMENT CLEARANCE __________________________  __________
Assignments completed
Teaching materials
Official department records
Department property (cell phones, reports, pins, etc)

INFORMATION TECHNOLOGY (B-429) ___________________________  ____________
Equipment
Software
Instruction manuals
Access code
Other

LIBRARY ___________________________   ____________
Books due
Fines

PAYROLL/ACCOUNTING (T-504) ___________________________  ____________
Final timesheets
Pay Advances

PUBLIC SAFETY/LOCKSMITH (C-030) ___________________________  ____________
Keys * (see attached key form and get appropriate signature
I.D. Card*
Parking Sticker

PROPERTY MANAGEMENT (G-100) __________________________  ____________
Office Laboratory
and/or Recreation Equipment

HUMAN RESOURCES (B-215) __________________________  ____________
Benefits
Exit Interview
Final timesheets
Swipe Card

COMPLETED FORM MUST BE RETURNED TO HUMAN RESOURCES OFFICE

* Lost Keys, ID or swipe cards must be paid for.
HUMAN RESOURCES is the last signature
HOSTOS COMMUNITY COLLEGE
The City University of New York
MEMORANDUM

TO: ________________________________
FROM: Keisha Pottinger, Human Resources Manager
RE: Continuance of Health Coverage
DATE: ___________

New York City Health Benefits Program ends because of the qualifying event that is checked below as of __________. However, if you wish to maintain health coverage, you will need to complete the enclosed COBRA package within sixty days (60) of removal from payroll, and mail it directly to your health carrier. Cost for health coverage under this plan would be borne by you.

For employee:

_____ Change in employment status — termination.
_____ Change in employment status — reduction in working hours.

You are eligible for continuing coverage for a period of up to:

_____ 18 months (for covered employees, as well as their spouses and dependents) for loss of coverage due to termination or reduction of hours.
_____ 29 months (for covered employees who are disabled at any time during the first 60 days of COBRA coverage, and for spouses and dependents (disabled or not)).
_____ 36 months (for spouses and dependents) for loss of coverage due to employee's death, a divorce or legal separation, or Medicare entitlement.
_____ 36 months (for dependent children) for loss of dependent child status, having reached the age of _____ (maximum age of coverage under the company's plan).

If you have any questions, please feel free to call me at (718) 518-6652.

Thank you.
OFFICE OF MUNICIPAL LABOR RELATIONS
EMPLOYEE BENEFITS PROGRAM
Hostos Community College

The City of New York

COBRA – Continuation of Coverage

To be completed by agency:

Notification Date: __________________________________________

Employee’s Name: __________________________________________

Home Address: __________________________________________

________________________________________

________________________________________

Social Security Number: __________________________________________

Date of Loss of Insurance: __________________________________________

Please have the appropriate box filled in below and placed in employee’s personnel folder.

(   ) COBRA package mailed

I hereby verify that the above mentioned employee and family were sent the entire COBRA notification package by certified mail on the above mentioned date. Certified receipt attached.

Agency Signature

Date

(   ) COBRA package pick up by employee

I hereby verify that I have received written notification of my right to extended health benefit coverage, at my own expense, under the Cobra continuation law. I understand that at the end of the COBRA period I have the option to convert my coverage to a direct payment policy.

Employee Signature

Date