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## **HUMAN RESOURCES GUIDELINES FOR EXIT INTERVIEWS**

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Exit interviews are conducted when employees resign, retire, transfer to another agency or are terminated. The following are guidelines to follow in the implementation of this process.

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

- a. Exit Interview Form
- b. Exit Summary Questionnaire -This form allows you to express any concerns, make suggestions, and tell us the reason for leaving. A series of yes/no questions follow.
- c. Cobra Package for continuation of health care (to be paid by employee) d. Portability Papers (If you have a pre-existing health condition) e. DP 2001 (copy) if transferring to another city agency

The exit interview form is a clearance form.

**Departmental signatures** are required from the employees department to ensure that assignments are completed, faculty reports and grades are turned in, 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.

**Personnel** -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 exit 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 Summary Questionnaire

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.

# FACULTY & STAFF EXIT FORM

Name \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Separation Date \_\_\_\_\_

## CLEARANCES MUST BE OBTAINED FROM FOLLOWING AREAS PRIOR RELEASE OF FINAL PAYCHECK

	<u>SIGNATURE</u>	<u>DATE</u>
<b>DEPARTMENT CLEARANCE</b> Assignments completed Teaching materials Official department records Faculty reports, grades, etc	_____	_____
<b>INFORMATION TECHNOLOGY (B-429)</b> Equipment Software Instruction manuals Access code Other	_____	_____
<b>LIBRARY</b> Books due Fines	_____	_____
<b>PAYROLL/ACCOUNTING (B-215)</b> Final timesheets Pay Advances	_____	_____
<b>PUBLIC SAFETY/LOCKSMITH (C-030)</b> Keys * (see attached key form and get appropriate signature I.D. Card* Parking Sticker	_____	_____
<b>PROPERTY MANAGEMENT (B-439)</b> Office Laboratory and/or Recreation Equipment	_____	_____
<b>PERSONNEL (B-212)</b> Benefits Exit Interview Final timesheets Swipe Card	_____	_____

**Third copy for IT use only!**

**COMPLETED FORM MUST BE RETURNED TO PERSONNEL OFFICE**

\* Lost Keys, ID or swipe cards must be paid for.

**HOSTOS COMMUNITY COLLEGE**

**The City University of New York**

## EXIT INTERVIEW FORM

Last Name	First	Initial	Social Security Number	
Forwarding Address	Street	City	State	Zip Code
Department			Immediate Supervisor	

Reason For Separation	
<u>Voluntary</u>	<u>Involuntary</u>
Better Job _____	Lacks of funds _____
Insufficient pay _____	Lack of work _____
Relocation _____	End of appointment _____
Illness _____	Non-Reappointment _____
Retirement _____	Mandatory Retirement _____
Family _____	Disciplinary* _____
Other (Use back if necessary): _____	* State reason: _____

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

- |  | Yes   | No    |
|--|-------|-------|
| 1. Do you feel you 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 which you were 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 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..... | _____ | _____ |
| 12. If a friend of yours were looking for a position would you recommend that he/she apply for work here? .....      | _____ | _____ |
| 13. Would you work for this college again? .....   | _____ | _____ |

**EXIT INTERVIEW FORM**

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What were your most important reasons for leaving?

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**MEMORANDUM**

TO: \_\_\_\_\_

FROM: Mercedes Moscat, Human Resources Manager

RE: Continuance of Health Coverage

DATE: \_\_\_\_\_

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New York City Health Benefits Program ends with your removal from active payroll status. However, if you wish to maintain health coverage, you will need to complete the enclosed COBRA package within sixty days of removal from payroll, and mail it directly to your health carrier. Cost for health coverage under this plan would be borne by you.

If you have any questions, please feel free to call me at (718) 518-6650.

Thank you.

**OFFICE OF MUNICIPAL LABOR RELATIONS**

**EMPLOYEE BENEFITS PROGRAM**

*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 Health Insurance \_\_\_\_\_

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

<p>(     ) COBRA package mailed</p> <p>I hereby verify that the above mentioned Employee and family was sent the entire COBRA notification package by certified mail on the above mentioned date. Certified receipt attached.</p> <p>_____</p> <p>Agency Signature</p> <p>_____</p> <p>Date</p>	<p>(     ) COBRA package pick up by employee</p> <p>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.</p> <p>_____</p> <p>Employee Signature</p> <p>_____</p> <p>Date</p>
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**CERTIFICATE OF GROUP HEALTH PLAN COVERAGE  
AND WELFARE FUND COVERAGE**

**This certificate is being provided as evidence that the individual named below had prior health plan/welfare fund coverage, provided through CUNY.**

1. Name of Participant: \_\_\_\_\_

2. Social Security # of Participant: \_\_\_\_\_

3. Name and relationship of any dependents for whom this certificate applies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of group health plan: \_\_\_\_\_

5. Date coverage began: \_\_\_\_\_ Ended: \_\_\_\_\_

6. Name of Welfare Fund: \_\_\_\_\_

7. Date coverage began: \_\_\_\_\_ Ended: \_\_\_\_\_

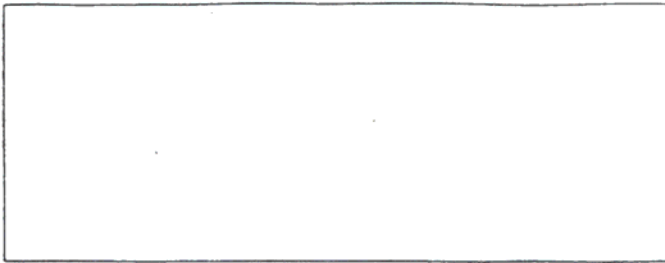
8. Completed by (College representative): \_\_\_\_\_

College: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Separate certificates will be furnished if information is not identical for the dependent and the participant.**

PERSONNEL DATA ON TRANSFERRED EMPLOYEE



**INSTRUCTIONS:** Upon the movement (by transfer, promotion or appointment) of an employee from one City department or agency to another, the following information should be supplied as soon as possible to the appointing officer of the agency to which the employee is being assigned.

NAME OF EMPLOYEE			ADDRESS OF EMPLOYEE			RELEASING AGENCY			
<b>APPOINTMENT DATA</b>									
LAST TITLE IN RELEASING AGENCY			DATE OF ORIG. ENTRY INTO CITY SERVICE		DATE APPT'D IN RELEASING AGENCY		LAST DATE ON PAYROLL	LAST DATE FOR WHICH EMPLOYEE WAS PAID	
<b>LEAVE DATA</b>									
RATE OF ACCRUAL IN DAYS		DATE ELIGIBLE FOR HIGHER LEAVE ACCRUAL	A.L. BALANCE ON DATE RELEASED	S.L. BALANCE ON DATE RELEASED	O.T. BALANCE ON DATE RELEASED		LWOP SINCE	DATES	
<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 13 <input type="checkbox"/> 25 <input type="checkbox"/> 15 <input type="checkbox"/> 27 <input type="checkbox"/> OTHER					PRIOR TO 4/15/86 ALL	FROM 4/15/86 FLSA	FROM 4/15/86 NON-FLSA	<input type="checkbox"/> LAST INCREMENT <input type="checkbox"/> APPOINTMENT <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> PROMOTION	
<b>PAYROLL DATA</b>									
<b>SALARY INFORMATION</b>									
REGISTRY NO.		SALARY WHEN RELEASED	LAST INCREMENT DATE	NEXT INCREMENT DATE	AMOUNT OF INCREMENT		NO. OF INCOME TAX EXEMPTIONS	BONDS	
<b>PENSION INFORMATION</b>					<b>SOCIAL SECURITY</b>				
PENSION RATE		PENSION NO.	PENSION ARREARS: NO. PAYMENTS DUE		PENSION LOANS: NO. PAYMENTS DUE:		SOCIAL SECURITY NO.	FICA CLASS	
REGULAR	ADJUSTED		RATE:	AMT. EACH PAYMENT:			A <input type="checkbox"/> C <input type="checkbox"/>		
							B <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>		
<b>HEALTH INSURANCE</b>					<b>ORGANIZATION DATA</b>				
H.I.P. CONTRACT NO.		NOT ENROLLED	TYPE	AMOUNT	NAME OF UNION			UNION DUES	
REMARKS:									

**IMPORTANT:** Please supply the additional information called for on the reverse side.  
(OVER)

