
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

H0STOS COMMUNITY COLLEGE
The City University of New York

EXIT INTERVIEW FORM

Last Name	First	Initials	Social Security Number
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Forwarding Address	Street	City	State	Zip Code
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Department	Immediate Supervisor
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Reason For Separation	
<u>Voluntary</u> Better job _____ Insufficient pay _____ Relocation _____ Illness _____ Retirement _____ Family _____ Other (Use back if necessary): _____	<u>Involuntary</u> Lack of funds _____ Lack of work _____ End of appointment _____ Non-Reappoint _____ Mandatory retirement _____ Disciplinary * _____ *State reason: _____

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

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 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 _____

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

	<u>SIGNATURE</u>	<u>DATE</u>
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.

<p><input type="checkbox"/> COBRA package mailed</p> <p>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.</p> <p>_____</p> <p>Agency Signature</p> <p>_____</p> <p>Date</p>	<p><input type="checkbox"/> 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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