SUBJECT: EMPLOYEE SEPARATION

PURPOSE:
To define the procedure for separating employees from City service due to resignation, retirement, termination, or death, and to provide for the orderly accounting and return of issued work items belonging to the City of Vernon.

POLICY:
1. Notice of Separation/Departmental Forms Processing
   a. An employee is asked to notify his or her supervisor at least two weeks prior to the date he or she intends to separate from employment with the City. At the time of notice, if the employee is voluntarily resigning, the employee will complete and sign a Resignation Form. In the event of a planned retirement, an employee should attempt to provide sufficient notice to the department to allow for budgeting of possible sick and vacation leave payoffs. See Retirement Policy (CalPERS), for more information on retirement.
   b. In all cases, the Notice of Employee Separation Form will be completed and, if possible, signed by the employee.
   c. The supervisor will collect City-owned items from the employee to account for all City-owned items received during employment. The replacement cost of items not returned by the employee will be noted on the Personnel Action Form and deducted from the employee's final paycheck.
   d. Departments will notify Human Resources of impending separation by submitting a Personnel Action Form (PAF) with the above-mentioned information.
2. **Separation Processing Appointment**

   a. It is the separating employee’s responsibility to schedule an appointment with the Human Resources Department for separation processing. The employee may request that this appointment be conducted in person or by telephone.

   b. Separation processing includes discussion of benefit-related issues including:

      1. Final paycheck and/or payoff check
      2. Public Employees’ Retirement System (PERS)
      3. Deferred compensation
      4. Health and dental insurance
      5. Retiree programs (if applicable)
      6. Address changes/verifications
      7. Other benefits information

   c. Temporary employees are not required to schedule a separation processing appointment.

3. **Death of Employee**

   a. Departments must notify the Human Resources Department immediately of the death of an employee. The forms identified in Section 1 (b-d) must be completed and returned to Human Resources.

   Departments may also request that a representative be available on-site to assist co-workers in dealing with the employee’s death. Departments may also wish to refer surviving family members for grief counseling. The Human Resources Department staff is also available to coordinate such services.

   b. The Human Resources Department will coordinate the completion of all necessary paperwork for benefit claims including Life, Accidental Death and Dismemberment (if applicable), and CalPERS with the deceased employee’s beneficiaries. Human Resources will also request that the appropriate deferred compensation representatives contact the employee’s beneficiaries, if applicable.

   c. The Payroll Division of the Finance Department will calculate the final paycheck and deliver it to the beneficiary listed on the employee’s most recent *Designation of Beneficiary Authorized to Receive Final Payroll Check in the Event of Death Form*. 
<table>
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<tr>
<th>Responsibility</th>
<th>Action</th>
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<tbody>
<tr>
<td>Employee</td>
<td>1. Notifies Supervisor of intention to separate at least two weeks prior to effective date.</td>
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<td>2. Schedules and then completes a personal or telephone separation processing appointment with Human Resources.</td>
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<td>3. Completes and submits all paperwork provided during exit interview.</td>
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<td>Department</td>
<td>4. Ensures that the Resignation Form, Employee Separation Form and Personnel Action Form are completed and submitted to Human Resources.</td>
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<td>5. Collects and records all returned City-owned items into the computer database to account for all City-owned items received during employment.</td>
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<td>6. The replacement cost of items not returned by the employee shall be noted on the Personnel Action Form to deduct from the employee's final paycheck.</td>
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<td>8. If needed, contacts the Employee Assistance Program to request an on-site representative for grief counseling when an employee has died.</td>
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<td>9. Advises the deceased employee's family of the availability of grief counseling through the Employee Assistance Program.</td>
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<tr>
<td>Human Resources</td>
<td>10. Provides available benefits information to employee at time of separation processing appointment.</td>
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<td>11. Completes and submits claim forms for applicable Life Insurance, Accidental Death and Dismemberment, and CalPERS accounts in the event of an employee's death.</td>
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<td>12. Notifies deferred compensation</td>
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Finance Department/Payroll Division

representatives and requests contact with the beneficiary in the event of an employee's death.


14. Prepares final paycheck in accordance with payroll procedures after receipt of separation Personnel Action Form from Human Resources.

15. Processes final paycheck and delivers to beneficiary in event of employee's death.

Attachments:
1. Resignation Form
EMPLOYEE RESIGNATION FORM

If you would like to talk to someone in Human Resources before completing this form, please let us know. We will make every effort to schedule a meeting for you as soon as possible.

Name: ___________________________ ID #: ___________________________

Department: _______________________________________________________

Classification: _____________________________________________________

Resignation Effective Close of Business: ________________________________

Reason for Resignation: ____________________________________________

HOME ADDRESS

Address: __________________________________________________________

Phone: ____________________________________________________________

I certify that this resignation is executed by me voluntarily and of my own free will.

__________________________________________
Employee Signature and Date

FOR HUMAN RESOURCES USE ONLY

Last day of work per department (if different): _________________________

________________________________________
Accepted Date

Cc: Human Resources Department
   Employee
   Department