

Attachment 1 to SCFPD Retirement, Resignation, & Termination Policy/Procedure

SCFPD EXIT PROCESSING CHECKLIST

Employee: _____ Departure Effective Date: _____

Position: _____ Supervisor: _____

Supervisor: _____ Date/Initials _____

- Print copy of Exit Interview Form; give to employee _____
- Collect SCFPD property as applicable: _____
- Badge _____
- ID Card _____
- Keys (Bldg, Files, Vehicle, Etc) _____
- Alpha Pager _____
- Radio Pager _____
- Cell Phone _____
- Portable Radio _____
- Laptop Computer _____
- Credit Card _____
- Fuel Card (Chevron, Shell, Valero) _____
- Turnouts-Structure (Jacket, Pants, Boots, Gloves, Hood) _____
- Turnouts-Wildland (Jacket, Pants, Gloves, Web Gear) _____
- Fire Shelter _____
- Helmets (Structural, Wildland) _____

Return Property to Management: _____

Human Resources:

- Exit Interview _____
- Retirement plan information to employee _____
- Sick leave medical plan sign-up/denial _____
- Explain COBRA processing and rates _____
- Employee sign medical termination form _____
- Enter medical information change(s) online _____
- Dental, Vision termination/updates/changes _____
- Remove employee from CAD/E-Mail/Server _____
- Update department phone list _____
- Update Shift Assignment List _____
- Property recorded and sent to appropriate division _____
- SCFPD Personnel Action Form _____
- Payroll (W2) mailing address _____
- Deferred Comp _____

Attachment 2 to Retirement, Resignation, & Termination Policy/Procedure

SCFPD EXIT INTERVIEW QUESTIONNAIRE

Name: _____ Date of Interview: _____

Title: _____ Person Conducting Interview: _____

Hire Date: _____ Termination Date: _____

Please check any of the following that have affected your decision to leave your position:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Employee Conflict | <input type="checkbox"/> Commute | <input type="checkbox"/> Health Condition |
| <input type="checkbox"/> Rate of Pay | <input type="checkbox"/> Workload | <input type="checkbox"/> Better Job Opportunity | <input type="checkbox"/> Family Reasons |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Lack of Advancement | <input type="checkbox"/> Career Change | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Working Conditions | <input type="checkbox"/> Type of Work | <input type="checkbox"/> Moving from Area | <input type="checkbox"/> Dismissal |
| | | | <input type="checkbox"/> Other |

Comments:

Was the job realistically presented to you when you were hired or most recently changed positions? Yes No

If not, specifically what occurred?

Was your workload usually: Too great Varied, but all right About right Too light

What could the District done to prevent your leaving:

List any constructive suggestions for improvement that you may have for your division or elsewhere within the District:

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Please rate your Supervisor on the following with the highest being the best rating:

	Low				High
Followed policies and procedures	1	2	3	4	5
Demonstrated fair and equal treatment	1	2	3	4	5
Provided recognition for a job well done	1	2	3	4	5
Developed cooperation and teamwork	1	2	3	4	5
Encouraged/listened to suggestions	1	2	3	4	5
Resolved complaints and problems	1	2	3	4	5
Provided on the job training	1	2	3	4	5
Provided necessary equipment	1	2	3	4	5

Please rate your salary and employee benefits:

Rate of pay	1	2	3	4	5
Paid holidays	1	2	3	4	5
Paid vacation	1	2	3	4	5
Paid sick leave	1	2	3	4	5
Medical, dental, vision insurance	1	2	3	4	5
Life & ADD insurance	1	2	3	4	5
Long term disability and EAP	1	2	3	4	5
Retirement plan	1	2	3	4	5
Education reimbursement	1	2	3	4	5

Are there other benefits you feel should have been offered:

Please rate the following in relation to your job:

Cooperation within the District	1	2	3	4	5
Cooperation with other agencies	1	2	3	4	5
Working conditions	1	2	3	4	5
Work schedule	1	2	3	4	5
Job satisfaction	1	2	3	4	5
Opportunity for advancement	1	2	3	4	5

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Do you have knowledge of any aspects of the workplace that were unethical or in violation of the law? Yes No

If yes, specifically what, when and where did this occur?

All SCFPD documents and equipment must be returned to Administration prior to your termination date.

Employee Signature: _____ **Date:** _____

Payroll Final Mailing Address: _____

W-2 Mailing Address: _____

Interviewer's Signature: _____ **Date:** _____

HR CHECKLIST

Employee Benefit Forms

- ___ SCFPD PAF Form
- ___ Medical/Dental/Vision Benefits
- ___ Deferred Comp
- ___ AD&D, EAP, & Life Insurance Cancellation

HR Online/E-Mail/Misc

- ___ Medical/Dental/Vision update
- ___ COBRA
- ___ SCFPD E-Mail
- ___ SCFPD Server Access
- ___ CAD Removal

Employee Reimbursements

- Vacation Leave \$ _____
- Holiday Leave \$ _____
- Sick Leave (25%/50%) \$ _____
- Compensatory Leave \$ _____

SCFPD Property

- ___ Badge
- ___ ID Card
- ___ Keys (Bldg, Files, Vehicle)
- ___ Alpha Pager
- ___ Radio Pager
- ___ Cell Phone
- ___ Portable Radio
- ___ Laptop Computer
- ___ Credit Card
- ___ Fuel Cards (Chevron, Shell, Valero)
- ___ Turnouts-Structure
- ___ Turnouts-Wildland
- ___ Fire Shelter
- ___ Helmets (Structure/Wildland)

___ Verify Holiday Cash Out Reported (154/216)