



EXIT INTERVIEW/SEPARATION FORM

The purpose of the checklist is to ensure that employees leaving departments and/or separating from Westchester County employment are informed of their rights for extension of health care coverage under COBRA, other benefit coverage issues and that all property belonging to Westchester County is returned and acknowledged for audit purposes. Completion of the checklist is the responsibility of the employee and the employee's immediate supervisor and needs to be signed by both.

Employee Name: _____

SS#: _____

Department: _____

Division: _____

Last Working Day: _____

Last Paid Day: _____

RETURN OF COUNTY PROPERTY

The following property has been returned:	YES	NO	N/A	SUPERVISOR INITIALS	EMPLOYEE INITIALS
Employee ID card/shield/badge/credit card					
Parking pass, hang tag and gate card					
Keys (office, desk, file cabinets, vehicle, equipment, etc.)					
Classified materials (safe & door combinations)					
Tools & machinery					
Safety equipment & clothing					
Computer hardware & software, including laptop					
Electronics (cell phone, charger, adapter, etc.)					
Uniforms					
Other – specify:					

If required, an Installation Security Form has been submitted to Information Technology to sever access for the employee to all automated applications and information resources such as folders on departmental shared servers. ☐ Completed

The following items have been reviewed with the employee:

1. Health Care Coverage

Contact the Finance Payroll/Benefits section at (914) 995-4715 concerning:

- COBRA (See “Benefit Information for Terminated Employees” sheet attached)
- Retirement Health Care employee & dependent (See “Most Frequently Asked Questions” sheet)
- Medicare Benefits
- Dental Coverage for retirees

2. Union Life Insurance

- Speak with your union representative

3. Retirement & Post Employment with the County

Please direct questions to - New York State and Local Retirement Systems
Governor Smith State Office Building
Albany, New York 12244
(518) 474-7736

4. Deferred Compensation

You are required to make some decisions concerning your deferred compensation.

- Prudential at **1-877-778-2100**.
- Visit their web site at <http://westchesterpru.com/Home.aspx>

5. Unemployment Information

You can apply for unemployment online at

<http://www.labor.state.ny.us/unemploymentassistance.shtm>.

You may also file a claim by calling their Telephone Claims Center at 1-888-209-8124 for New York State residents or 1-877-358-5306 for out of state residents between 8:00am and 5:00pm Monday through Friday.

6. Time and Leave Balances

- Vacation
- Holiday
- Supplemental
- Personal
- Sick Buy Out (Refer to employee's appropriate union contract)
- Sick Leave (Added service credit toward Retirement)
- Last regular paycheck or direct deposit date: _____

Please Note: If eligible, any accrued leave balance will be paid in a lump sum within two paydays following the employee's last regular paycheck/direct deposit.

7. Other Payroll Deductions

Contact the Finance Payroll/Benefits section at (914) 995-4715 with questions concerning credit union, parking, flexible medical, or child/adult care deductions.

8. Future Change of Address

Notify the Department of Finance, Payroll/Health Insurance Section of any change of address and/or bank account for direct deposit. This will insure continuity for Health Insurance coverage, final W2 statement at end of year, December longevity payment and any other payment.

9. Tuition Reimbursement

In cases where separation from service is due to a reduction in force (i.e. lay-off) then you might be eligible for the Tuition Reimbursement program for courses commenced while still on the County payroll. Please check the County website, Human Resources' section, for this year's guidelines (available early September through January deadline), or contact Human Resources at [914] 995-2114 in early September for the application.

This list is a correct record of property returned by me to the County of Westchester. In the case of retirement or separation, this is a correct record of discussion regarding the review of benefits.

Employee Signature: _____ **Date:** _____

Supervisor Signature*: _____ **Date:** _____

*** NOTE:** Supervisor is responsible for giving the employee the original form and benefit information packet and returning this signed document and all surrendered County property to their department's Personnel Section or the Director of Administrative Services.

CC: Original to Employee (including receipt of Separation and Benefit Information sheets)
Employee's Departmental File
Finance – Payroll and Benefits Office