

EXIT INTERVIEW

EMPLOYEE NAME _____

DEPARTMENT _____

POSITION _____

SEPARATION DATE _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS.

If supplementing this form to answer questions, employee must sign and date document and attach to this form.

1. What factors contributed to your decision to resign?
2. What might have been done to prevent you from leaving?
3. How would you describe your workplace environment to someone considering working here?
4. Do you have any suggested improvements that might make this job better, more challenging and/or more interesting?
5. What advice would you give your replacement if you could?

In your opinion, on a scale from 1 to 5, with 5 being excellent, please rate the following:

| | | | |
|---------------------------|---------------------------|-------------------------------------|---|
| ____ Your Supervisor | ____ Wages Received | ____ Training Received | ____ Work Schedule |
| | Promotional Opportunities | Presentation of Position when Hired | Management's Resolution of Any Grievances |
| ____ Appreciation of Work | | | |

Please check the following as discussed with the employee.

- Collect County Equipment:** Keys/fob, ID card, uniforms, credit cards, laptop, cell phone, etc. as noted on County Employee Issued Equipment and Clothing Checklist. Return completed original form to Personnel File & ID card/fob to Building Security. Failure to return County equipment may result in criminal prosecution.
- Benefit Eligible Employees: Ending Date of Insurance Coverage:** _____
Submit Health Insurance Universal Application and COBRA Personnel Action Report. COBRA information and Certificate of Credible Coverage from the Wood County Health Benefits Plan will be mailed to the address listed on this form. Call 1-888-252-3607 regarding life insurance conversion options.
- OPERS:** Form for withdrawal of OPERS is available online at www.opers.org. A three-month waiting period applies. For Retirement: verify if OPERS retirement application has been received by the Auditor's Office. (Required for payout of sick leave)
- Deferred Compensation Participants:** Contact Representative to learn about program options: withdraw, roll-over, etc. Ohio County Employees: 1-800-284-0444 Ohio Public Employees: 1-877-644-6457
- Final Pay:** Approximate date of last check _____
(Maintain password for Auditor's payroll vendor portal to access W2 information.)
- Notification of Separation:** Set email Out of Office and forward departure notification to any associations or other memberships
- Records Retention:** Review files/emails for public records
- Ohio Ethics Law:** The provisions of the Ohio Ethics Law called "Post-Employment" or "Revolving Door Law" include prohibitions governing job seeking and postemployment actions: www.ethics.ohio.gov
- Verify sick leave & vacation balances** and place attendance roster in personnel file.

As of _____
Date / Pay Date

Sick Leave: _____ hours
Vacation: _____ hours
Comp Time: _____ hours

Employees' sick leave balances remain on the books unless the employee files for retirement under OPERS prior to separation and elects sick leave payment. Vacation is payable to employees with more than one year of service, otherwise vacation balances remain on the books. Comp time is payable to employees who are non-FLSA exempt. All payable balances are paid at the employee's rate at the time of separation and will be received with your last check.

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Payment of sick leave upon OPERS retirement

(Employee must file a retirement application with OPERS prior to the employee's date of separation from Wood County to be eligible for a payment of accumulated unused sick leave. Minimum of 10 years of service required for payout.)

Years of OPERS Service _____ Years of Wood County Service _____

Retirement Payout Requested: ORC Wood County Plan No Payout Requested

10 Years of OPERS 25% X _____ = _____
or Wood County Service (balance) (Not to exceed 240 hours) Total Hours Paid _____

15 Years of 30% X _____ = _____
Wood County Service (balance) (Not to exceed 288 hours) Total Hours Paid _____

20 Years of 35% X _____ = _____
Wood County Service (balance) (Not to exceed 336 hours) Total Hours Paid _____

25 Years of 40% X _____ = _____
Wood County Service (balance) (Not to exceed 384 hours) Total Hours Paid _____

30 Years of 50% X _____ = _____
Wood County Service (balance) (Not to exceed 480 hours) Total Hours Paid _____

Please refer to the policy for additional information. Acceptance of payment eliminates all remaining sick leave credit. I understand that this information is in effect as of the date indicated and may be subject to change.

Employee's Signature

Date

Forwarding Address (if different than address on file)

Email

Interviewer's Signature

Date

cc: Employee Personnel File

Rehire? Yes No

Supervisor's Signature

Employer Action Items

- Report Separation Date as soon as separation date is known:
 - Submit [ACA Compliance Report](#) to Commissioners' Office and copies of timecards for hours worked during the last calendar month of employment for those within a monthly measurement period who did not work 130 hours.
 - Email employeeexit@woodcountyohio.gov
Building Security – deactivates building access as of last day
IT – closes/changes email, computer access, phone, voicemail & remote access
EMA - deactivates employee notifications (personal access remains active)
BCC - removes essential drivers from liability coverage/CDL holders from testing pool
- Complete [Request for Employee Pay Out](#) for payout of available balances
- Submit Taxable Fringe Report paperwork for final payroll, if applicable
- Turn off Fuel Facility access by returning form to Fuel Coordinator in Commissioners' Office to delete from system, if applicable
- Update Internal Listing of Current Employees for Phone Tree/Emergency Notification etc.