TECHNICAL COLLEGE OF THE LOWCOUNTRY

PROCEDURE

PROCEDURE NUMBER: 6-1-601.10   **REF. STATE BOARD POLICY: 8-8-100**

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PROCEDURE TITLE: **TERMINATION PROCEDURES**

BASED ON POLICY: **6-1-604**

REVISION NUMBER: **1**

**OFFICE OF
RESPONSIBILITY:**   **PERSONNEL**

_____   June 30, 2010_____
PRESIDENT   **DATE**

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE COLLEGE. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE COLLEGE RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

PURPOSE

The purpose of this procedure is to define the steps of the employee termination process.

PROCEDURE

1. Voluntary Termination

    a. A Technical College of the Lowcountry employee who, for personal or other reasons, wishes to terminate his/her employment, should submit a letter to include name, position, and effective date of termination to his/her immediate supervisor with a copy to the Personnel Office of his/her intent to resign. While the employee should give as much notice as possible to allow for proper replacement, the Technical College of the Lowcountry requires at least two weeks notice.

    b. Upon receipt of the letter of resignation, the Personnel Office will notify the employee of the Exit Interview date/time and send him/her the termination

package consisting of the following forms: Termination Checklist (TCL Form PER-9), Termination Questionnaire (TCL Form PER-10), S.C. Retirement Return of Contributions, and Insurance Notice of Election Form.

c. Upon receipt of the termination package and prior to the exit interview, the employee should have the appropriate authority sign off on the Termination Checklist, complete the Termination Questionnaire, and sign all forms indicated.

d. During the exit interview, the Human Resource Manager will ensure that all items are completed on the checklist with the terminating employee ensuring that the employee has been briefed on his/her termination benefits and that all property and records of the College have been returned.

e. The Human Resource Manager will summarize data from the Termination Questionnaire annually to determine if potential problem areas exist. The summarized data from the Termination Questionnaire will be given to the President once a year with an analysis of any significant trends which should be noted.

2. Involuntary Termination

a. When an employee in a permanent position has been involuntarily terminated for cause, the Human Resource Manager, the immediate supervisor, and the terminating employee will complete a Termination Checklist (TCL Form PER-9), S.C. Retirement Return of Contributions, and Insurance Notice of Election Form. The immediate supervisor will be responsible for ensuring that all property and records of the college have been returned, signing the Termination Checklist.

b. The Human Resource Manager will discuss the items on the Termination Checklist with the terminating employee ensuring that the employee has been briefed on his/her termination benefits and that all property and records of the college have been returned.

c. The Human Resource Manager will complete the Involuntary Termination Checklist (TCL Form PER-11), summarizing the data of any trends which should be noted, annually notifying the President.

3.   Terminating employees will receive their final paychecks on the next regular payroll date.

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Procedure Termination Checklist   DATE_____

Employee's Name_____ SSN_____

Position_____ Termination Date_____

Employee's Mailing Address   _____

_____

Phone _____

Transfer: Yes _____ **No** _____ **Agency**_____

Pay accumulated annual leave: Yes_____ **No** _____   **Sick leave donation: Yes**_____ **No**_____

Retirement: Return of Contributions/Withdraw _____ **Transfer** _____ **Retiring** _____

Insurance conversion: Yes _____ **No** _____   **Retiree Portability: Yes** _____ **No** _____
1-877-ASKMET7 (1-877-275-6387   **Portability of Life Insurance: fax form to Met Life 866-545-7517**

	Returned Yes/No	Not Applicable
FLSA Timesheet		
Termination Questionnaire		
TCL Picture I.D.		

	Returned Yes/No	Not Applicable
Keys		
Parking Decal		
Trades Supervisor Signature:		

Telephone Calling Cards/Codes: _____ *(Purchasing Agent)*

Tuition and Fees: _____ *(Accountant/Fiscal Manager)*

Library Fines, Loans and Media Equipment: _____ *(Library Representative)*

IT (E-Mail/Datatel Account): _____ *(IT Department)*

	Returned Yes/No	Not Applicable
Tools and Equipment		
Expense Accounts		
Books (property of Institution)		
Student information (grades and attendance books)		
Telephone Voice Mail Code		
Committee files		
Uniforms		
Employee's Immediate Supervisor's Signature:		

Employee's Signature: _____   **Date:**_____

Interviewer's Signature: _____   **Date: _____**
                                 (Personnel Director)

(TCL Form PER-9)

<u>TERMINATION QUESTIONNAIRE</u>

1. When you were first employed by the College, were the duties and responsibilities of your job clearly explained to you?   Yes__ No__ Uncertain _____

   Comments_____

2. Which of the following factors contributed toward your decision to leave the College?

( )	Commuting distance	( )	Working Conditions
( )	Illness in family	( )	Type of work
( )	Family problem	( )	Promotional opportunity
( )	Maternity	( )	Compensation
( )	Marriage	( )	Hours
( )	Return to school	( )	Supervision
( )	Health reasons	( )	Fellow employees
( )	Military reasons	( )	State policies
( )	Transportation problems	( )	Mutual agreement
( )	Personal reasons	( )	Location
( )	To take care of children or housekeeping	( )	Retirement
( )	Inadequate training	( )	Other

3. If you have accepted another position, will you be performing the same type of work? Yes__ No___

   If no, please specify   _____
   _____

4. Does your new position offer you:

YES	NO		YES	NO	
( )	( )	Better Future	( )	( )	Less strenuous work
( )	( )	Better Hours	( )	( )	Return to former trade
( )	( )	Higher Pay `			Other: (Specify) _____

   _____

5. What did you like <u>most</u> about your job or department?   _____
   _____

   And what did you like <u>least</u>?   _____
   _____

6. Did you feel your efforts made an important contribution:

   a.   to the College/Tech System?
        1. ( ) Almost always   2. ( ) Sometimes   3. ( ) Seldom
        4. ( ) Never   5. ( ) Don't know

   b.   to your Department?
        1. ( ) Almost always   2. ( ) Sometimes   3. ( ) Seldom
        4. ( ) Never   5. ( ) Don't know

7.   Were you kept informed of changes in policies and practices:

   a.   State Board/Institution?
        1. ( ) Yes   2. ( ) No   3. ( ) Unimportant to me

   b.   in your Department?
        1. ( ) Yes   2. ( ) No   3. ( ) Unimportant to me

8.   What was the amount of work you were expected to do?

   a.   ( ) Too much for one person.
   b.   ( ) Occasionally heavy, but about right most of the time.
   c.   ( ) Just right. Not underworked or overworked.
   d.   ( ) Not enough. Did not fully take up time.

9.   How would you rate the <u>College or Department</u> on each of the following points:

	Excellent	Good	Fair	Poor	No Opinion
(a) Fair and equal treatment by management					
(b) Provide recognition on the job					
(c) Development of cooperation and team work					
(d) Resolving complaints and problems					
(e) Communications with employees					
(f) Communications within your department					
(g) On-the-job training					
(h) Rate of pay for your job					
(i) Employees benefits					
(j) Chances of advancement					
(k) Access to information needed to do your job					
(l) Management responsive to your ideas					
(m) other(specify):					

Other comments: _____
_____
_____

TCL Form PER-10
Revised 4-2008

PROCEDURE

INVOLUNTARY TERMINATION CHECKLIST
(To be attached to the Termination Checklist)

Employee's Name _____

    ( )   Unsatisfactory Performance

    ( )   Falsification of Application

    ( )   Violation of Rules

    ( )   Insubordination

    ( )   Refused Transfer

    ( )   Dishonesty

    ( )   Misconduct

    ( )   Attendance

    ( )   Punctuality

    ( )   Attendance/Punctuality

    ( )   Discontinuation of Function

    ( )   Reduction in Force

    ( )   Office Closed

    ( )   Other (specify)

(TCL Form PER-11)