Subject: Separation from Employment

Authority: FAMU Regulation 1.021

Effective Adopted Date: 02/01/2006

Revision(s): 06/27/1996; 02/01/2006; 3/30/2017

Related References

Purpose: To establish a procedure for employees separating from the University.

Signature of Approving Authority

1.0 General Information

Separation of employment may be either voluntary or involuntary. Voluntary separations include resignations, quit without notice, medical necessity, and retirement. Involuntary separations include layoffs, completion of contract, discharge, and discharge for unsatisfactory job performance or misconduct. Employees voluntarily separating from the university should submit a minimum of two weeks notification.

All employees separating from employment with Florida Agricultural & Mechanical University (FAMU) must complete the exit process. They are required to return all university property issued to them during their tenure and to settle all outstanding accounts. FAMU reserves the right to offset any funds due the employees to compensate for unreturned property or unsettled accounts.

2.0 Responsibilities

Employees are responsible for providing proper notification when separating from the University.

Supervisor, Deans and Directors are responsible for providing proper notification to the Office of Human Resources of changes in employment status.

3.0 Definitions

A. Exit Process - A procedure established by the University for all employees separating from employment with the University. The procedure is also used to ensure that the employee has fulfilled all financial obligations to the University.

4.0 Notice Requirements

1. Employees who voluntarily terminate their employment should give at least a two-week notice.

2. Once the resignation has been accepted, supervisors are not required to allow an employee to rescind a resignation, whether it was given verbally or in writing.
3. With approval of Human Resources, supervisors may choose to have the employee leave immediately rather than continue working through the two-week notice period. In such cases, the employee will still be paid for that two-week period.

4. If an employee provides less notice than is required, the staff member may be deemed ineligible for rehire at the College.

5.0 Procedures

1. The employee submits a letter of resignation to their immediate supervisor or appropriate authority.

2. Upon notification, the supervisor or appropriate authority should provide a copy of the letter to the Office of Human Resources.

3. The employee will need to contact a representative in Time & Labor Administration within the Office of Human Resources to schedule an exit interview. In addition, employee will need to schedule an appointment with Benefits.

4. During the exit interview, the employee will be received further information on the exit process and must complete Exit Survey packet. The employee must be cleared by each area listed on the Faculty/Staff Termination Clearance form prior to receiving payout.

6.0 Records

All records and appropriate paperwork related to an employee’s separation will be maintained in the Office of Human Resources.
FLORIDA A&M UNIVERSITY
EXIT SURVEY

PART A
BY EMPLOYEE

Name ____________________________ Social Security Number ____________________________
Position Title ____________________________ College/School/Department ____________________________
Last Work Day ____________________________ Current Bi-weekly Salary ____________________________
Future Mailing Address ____________________________ Telephone Number ____________________________

CHECK REASON FOR RESIGNATION/TerMINATION:
( ) Retirement ( ) Marriage ( ) Health Reasons
( ) School ( ) Disability ( ) Wage Dissatisfaction
( ) Work Dissatisfaction ( ) Change in Residence ( ) Accepted Other Employment
( ) Person Reasons ( ) Military Service ( ) Laid Off (insufficient work or funds- specify below)
( ) Other —Specify below
Are you currently filing Financial Disclosure? ______ Yes ______ No
(If yes, please complete the Final Statement of Financial Interests Forms)
Is this termination of employment voluntary on your part? ______ Yes ______ No
Give complete details explaining why you are leaving employment with Florida A&M University,

________________________________________________________________________________________
________________________________________________________________________________________

CHECK CORRECT BLOCK
Terminating with the State of Florida? ______ Yes ______ No
Transferring to another State Agency? ______ Yes ______ No

Employee’s Signature ____________________________ Date ____________

Comments of Personnel Interviewer: _________________________________________________________

________________________________________________________________________________________
________________________________________________________________________________________

Interviewer’s Signature ____________________________ Date ____________

( ) Check here if employee was unavailable for signature.
( ) Check here if employee was discharged for misconduct.
FLORIDA A&M UNIVERSITY
EXIT SURVEY

PART B
By President, Vice President, Dean, Director,
Division Director, or Area Chairperson (as appropriate)

Employee’s Name ............................................................ Social Security Number

Last Work Day

How satisfied are you with the present job performance of this employee?

( ) Well satisfied with employee
( ) Generally satisfied with employee
( ) Somewhat disappointed with employee
( ) Very disappointed with employee

Recommended for re-employment?  ____Yes  ____No

If No, specify reasons below:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature .......................................................... Date

Title
FLORIDA A&M UNIVERSITY

FACULTY/STAFF TERMINATION CLEARANCE FORM

<table>
<thead>
<tr>
<th>Employee's Name</th>
<th>Soc. Sec.#</th>
<th>Termination Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>College/School/Department</td>
<td>Supervisor's Name</td>
<td></td>
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</tbody>
</table>

General Instructions
Please call each area listed below and ask for the individual responsible for clearing a terminating employee.

<table>
<thead>
<tr>
<th>AREA TO CLEAR</th>
<th>CLEARED-YES OR NO</th>
<th>DATE CLEARED</th>
<th>NAME OR PERSON GIVING CLEARANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library – Circulation (Ext. 3376)</td>
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<tr>
<td>Administrative Parking (Ext. 2205)</td>
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<tr>
<td>Business Services (Ext. 3090) (Amer. Exp. Corporate Card)</td>
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<tr>
<td>Controller’s Office-Student Accounts (Ext. 5050)</td>
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<tr>
<td>Property (Applies to Accountable Officers Only Ext. 3678)</td>
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<tr>
<td>Individual’s Supervisor (Department's equipment)</td>
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<tr>
<td>School/College/Department (Personal Computer, Cell Phones, Pagers)</td>
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<tr>
<td>Office of Planning &amp; Analysis (Cancellation of any assigned computer log on I.D. numbers/passwords Ext. 3560)</td>
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<tr>
<td>Key Bank – POM (Ext. 2834)</td>
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<tr>
<td>ERP Security (412-7973)</td>
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<tr>
<td>Postal Services (Ext. 3027)</td>
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</tbody>
</table>

NOTE: If individual has items signed out, he/she will not be cleared until items are returned and department responsible for clearance has signed form or contacted individual’s department giving date cleared. This form is to be returned to the Personnel Office, 211 Foote Hilyer Administration Center.

1.0 RECORDS