Florence City Schools Employee Exit Checklist

Employee Name:_____ _____
(Please print full, legal name) Date

Address:_____
(Official documents will be mailed to the address listed above)

Cell Phone Number:_____ Home Phone Number:_____

Supervisor initial for FCS items listed below:	**Returned Yes**	**Returned No**	**Returned N/A**
School/Facility Key(s)/Fob(s)			
Name/ID Badge			
Cell Phone and Charger			
iPad and Accessories			
Laptop and Accessories			
Two-way Radio			
Notary Seal and Stamp			

FCS Email/Internet/Intranet access deactivation date:_____

FCS Email Address:_____

FCS Office Phone Number:_____

FCS Cell Phone Number:_____

FCS Key Fob deactivation date:_____

Building Code for Employee Cancelled with Alarm Company date:_____

List <u>All Accounts and Passwords</u> Related to Florence City Schools:

Account:_____

(If you have more accounts and passwords, please list them on an additional sheet and attach it to this sheet.)

Alabama Education Directory (FCS page) removal date:_____

I certify that the information contained herein is true and correct.

Employee Signature:_____ Date:_____

Administrator Signature:_____ Date:_____

Mountain Brook Schools
EMPLOYEE EXIT CHECK LIST

_____
LAST CK ISSUED

- ❑ Retire
- ❑ Resign
- ❑ Leave of Absence
- ❑ Termination

Name _____

Emp # _____

- ❑ Bd Mtg Personnel Agenda
- ❑ Data from HR
- ❑ CSFO Signature

Bd Mtg Date _____

CCTR _____

EFFECTIVE DATE _____

- ❑ TRS Retirement Application
  - ❑Meeting Date _____
  - ❑Mailed to TRS _____
- ❑ National Board Certified
  - ❑Certification Date_____
  - ❑Financial Assistance?

Employees receiving NBPTS financial assistance should ***work a minimum of 5 years after date of certification*** or the financial assistance paid should be reimbursed.

- ❑ PEEHIP Portal
  - ❑Update Status
  - ❑Event Date
  - ❑Screen Print to File
- ❑ Sun Life Portal
  - ❑Update Status
  - ❑Event Date
  - ❑Screen Print to File
  - ❑Enrollment form to File
- ❑ Exit Packet Mailed on _____
  - ❑Cover Letter
  - ❑TRS-Request Refund (if applicable)
  - ❑Sun Life Portability Kit
  - ❑Change of Address Notice

Leave Record

- ❑ Sick Leave Transf Date _____
  - ❑Adj Leave Record & Copy to File
- ❑ Set Sick Bank to INACTIVE
- ❑ Set PERSONAL TO INACTIVE
  - ❑ZERO Personal after July 1
- ❑ Copy Leave/Fringe Screen to File

❑ Salary Prorated?

❑Yes ❑No

Final Paycheck Issued _____

❑ Vacation Pay Due? # Days _____
❑Yes ❑No $_____

❑ Outstanding SB Loan? Balance Due
❑Yes ❑No $_____

❑ Prof Dues (AEA/ESP) ? Balance Due
❑Yes ❑No $_____

- ❑ DELETE email address
- ❑ Terminate in NextGen (after last ck)
- ❑ Employee Comments
- ❑ Move to CCTR 9998
- ❑ TERMINATE RECORD IN T&A

Checklist Completed _____

Date_____

MOUNTAIN BROOK
SCHOOLS

The following information is provided for employees leaving Mountain Brook City Schools due to resignation or termination. Forms and information booklets are attached for your convenience.

1. **PEEHIP**
   a. Employees that were eligible for health insurance coverage with PEEHIP will receive an information package from PEEHIP regarding the date your insurance coverage will end and how to apply for continuation of benefits if you find yourself without health insurance coverage.
   b. Contact PEEHIP by calling 1-877-517-0020 with any questions regarding your health insurance, or visit the website at www.rsa-al.gov

2. **SICK LEAVE**
   a. Employees may submit a written request to have their unused Sick Leave days transferred to another public school system in Alabama. Send your request to the Payroll Department at Mountain Brook City Schools.

3. **TEACHERS' RETIREMENT SYSTEM**
   a. The Teachers' Retirement System allows members with less than ten (10) years of service to keep their retirement account open for a period of up to five years after they leave active employment.
   b. Employees with less than ten (10) years of service may elect to receive a distribution of their retirement contributions as a lump sum, or direct rollover to a qualified retirement account. If you wish to withdraw your retirement contributions print and complete the *Notice of Final Deposit & Request for Refund* found at www.rsa-al.gov . After your signature has been notarized, mail the original form to the address at the top of the form or return it to the Payroll Department at Mountain Brook City Schools.

4. **ADDRESS CHANGE NOTIFICATION**
   a. Please notify Mountain Brook City Schools if your address changes.
   b. Please notify the Teachers' Retirement System if your address changes. You may update your address online at www.rsa-al.gov using the Member Online Service feature.

5. **SUN LIFE GROUP LIFE INSURANCE**
   a. The Group Life Insurance coverage provided by Mountain Brook City Schools expires on the effective date of your resignation or termination. Optional Life Insurance purchased for you, your spouse, or dependent child/children also expires on the effective date of your resignation or termination.
   b. Employees leaving Mountain Brook City Schools may apply for continued life insurance benefits using either the Group Life Conversion Privilege or Group Life Portability offered by Sun Life Financial. *You must apply within 31 days of the effective date of your resignation, retirement, or termination* if you wish to continue life insurance coverage with Sun Life.

If you need assistance during this transition period please contact us by phone or email.

Sincerely,

Tena Walker
Payroll Specialist
walkert@mtnbrook.k12.al.us

MOUNTAIN BROOK
SCHOOLS

Congratulations on your upcoming retirement from Mountain Brook City Schools!

The following information is provided for employees leaving Mountain Brook City Schools due to retirement. Forms and information booklets are attached for your convenience.

1. **PEEHIP**
   a. Retirees eligible for health insurance coverage while working may continue PEEHIP upon retirement. In some instances PEEHIP is notified your employment will end before your retirement application is processed by the Teachers' Retirement System. If this happens you may receive a packet with information for applying for continued benefits with COBRA.
   b. Contact PEEHIP by calling 1-877-517-0020 with any questions regarding your health insurance, or visit the website at www.rsa-al.gov

2. **SICK LEAVE**
   a. All unused Sick Leave for a retiring employee is certified to the Teachers' Retirement System. The TRS will convert unused Sick Leave to TRS Service Credit.
   b. DROP participants – unused Sick Leave will be certified to the Teachers' Retirement System for comparison against the balance you had at the time you enrolled as a DROP participant.
   c. Retiring employees may donate Sick Leave up until their effective date of retirement. The retiree and recipient must be members of the MBS Sick Bank or a Sick Bank in an Alabama Public School System.

3. **TEACHERS' RETIREMENT SYSTEM (TRS)**
   a. TRS Retiree Information *(TRS Handbook-Tier I, page 30)*
      i. Retirement benefit checks are issued on the last day of each month.
      ii. Federal Taxes and PEEHIP premiums are withheld from retirement benefit checks.
      iii. Contact the TRS at 1-877-517-0020 if your Direct Deposit information changes.
   b. TRS Post Retirement Employment *(TRS Handbook-Tier I, page 28-29)*
      i. TRS Post Retirement Employment Restrictions
      ii. Retiree Notice of Post Retirement Employment *(Form RSA PRE RN 2/15)*

4. **ADDRESS CHANGE NOTIFICATION**
   a. Please notify Mountain Brook City Schools if your address changes.
   b. Please notify the Teachers' Retirement System if your address changes. You may update your address online at www.rsa-al.gov using the Member Online Service feature.

5. **SUN LIFE GROUP LIFE INSURANCE**
   a. The Group Life Insurance coverage provided by Mountain Brook City Schools expires on the effective date of your retirement. Optional Life Insurance purchased for you, your spouse, or dependent child/children also expires on the effective date of your retirement.
   b. Employees leaving Mountain Brook City Schools may apply for continued life insurance benefits using either the Group Life Conversion Privilege or Group Life Portability offered by Sun Life Financial. *You must apply within 31 days of the effective date of your retirement* if you wish to continue life insurance coverage with Sun Life.

If you need assistance during this transition period please contact us by phone or email.

Sincerely,

Tena Walker
Payroll Specialist
walkert@mtnbrook.k12.al.us

Satsuma City Schools

Employee Exit Checklist

Employee Name: _____

Location: _____

Effective Termination Date: _____

Last Day Reported to Work: _____

The applicable Administrator, Supervisor or the Superintendent must inform departing employee of the following requirements:

Leave Balances: If employee will be employed with another school district in Alabama or with a State agency, the new employer may submit a request for sick leave balance to be transferred to the new employer. After effective date of termination, Satsuma City Schools does not pay for any vacation or sick leave days.

Access to system email: Employees will remain on the system's email until 30 days after receipt of last pay statement.

Insurance/Retirement: Applicable agencies will be notified of date of termination from Satsuma City Schools:

Equipment and Personal Items must be turned in. Mark applicable items submitted to Supervisor/Administrator/Superintendent on last day of work:

_____ **Keys**

_____ **Laptop**

_____ **iPad**

_____ **Cell Phone/iPhone**

_____ **Other Items assigned (list)** _____

_____

Items were submitted by employee: Date: _____

_____ _____

Employee **Supervisor/Administrator/Superintendent**

Forwarding Address of Employee, if applicable: _____

_____

Checkout Procedure
2013-2014

All items in each box must be checked off by the teacher before the designated person can initial.
Checkout forms should be turned in to Mrs. Evans when completed. We will be calling teachers by grade level on TWD 5/23/14.
Checkout Procedure form must be COMPLETED by ALL members of the grade level before you can check out.

Media			Blake _____
Textbook inventory complete	May 21st	☐	
All library books returned	May 20th	☐	
Audio-Visual/Equipment returned (transferring/retiring teachers only)		☐	
Teacher Editions returned **including supplemental materials** (transferring/retiring teachers only)	May 22nd	☐	
STI and Report Cards			Evans _____
*** Posting window opens on 5/19th and closes on 5/22nd at noon		☐	
*** EOYAttendance Summary checked and returned 5/23rd by 10:00		☐	
Documentation file of any student whose truancy case will carry over to 2014-15 (Doctor notes, etc.)		☐	
*** Signed copy of gradebook and report cards returned on 5/23rd by 2:00. **NO CHANGES AFTER THIS TIME !!**		☐	
Mark promoted or retained		☐	
Place in Envelopes		☐	
Insert Supply List for Upcoming Grade		☐	
Apply Postage Stamps (2)		☐	
Check addresses		☐	
Hold-out report cards for students with outstanding fees, lost textbooks, library books, etc.		☐	
**Do not seal envelopes until office gives clear pending any other items to be inserted			
Keys			Odom _____
Label and return	May 23rd	☐	
Summer Address/Phone Number			
Complete form in office	May 19th - 22nd	☐	Evans/Odom
Classroom	May 23rd		
Remove instructional materials from walls that are worn, obsolete, or cumulative (word walls, etc.)		☐	Demattei _____
Bulletin boards and displays should be taken down		☐	**OR**
Textbooks should be stacked on shelves by subject (May be collected after each content area GAMES administration)		☐	Collins _____
			OR
		☐	K. Yates _____
ALL CORDS OFF THE FLOOR/EQUIPMENT ON DESKS OR SHELVES			**Gr Lev Chair**
Documentation file locked/labeled			
Hard copy of gradebook / Assessments on file		☐	Gr. Lev. Chair _____

Attendance Record and file (excuses/doctor's notes 2013-2014)

Technology -

LAPTOPS MUST BE ON CAMPUS ALL WEEK FOR INVENTORY PURPOSES

Refer to attached checklist provided Mrs. Hoggle

Blake

Bookkeeping Clearance

All leave forms (personal, sick, professional) May 23rd

Odom

Curriculum May 12th - 22nd McClure /Middleton

Blue Writing Portfolios will be checked for required samples

(refer to End of Year Writing Portfolio Guidelines (Curriculum Alignment Handbook/Schoolwide Writing Plan Pg. 35)

PST Documentation Finalized (refer to May 1st email *PST & Finalizing Documentation*)

Curriculum Alignment Handbook

Cumulative Folders

Check out cumulative Folders	May 20th - 23rd	Evans K & 1
Place in alphabetical order	May 20th - 23rd	Blake 2
Insert Progress Monitoring booklets	May 20th - 23rd	McClure 3
Insert transcript (replaces cum card)	May 23rd 9:00-10:00 a.m.	Middleton 4
Insert copy of report card	May 23rd 9:00-10:00 a.m.	Coleman 5
Place portfolio behind cum folder	May 23rd 9:00-10:00 a.m.	Yates 6

Teacher Documentation May 23rd Blake

Test file maintained in classroom

Hard copy of gradebook maintained in classroom

Parent excuses and doctor's excuses maintained in classroom

PLP Evidence Entered/Educate Alabama (print hard copy) May 21st (no later!!) Gr. Lev. Chair

Class Rolls May 23rd Price

Complete a card for each student (Blue - boys/Pink - girls)

Work with your grade level to place students in alphabetical order for the entire grade level. Initial rolls will be generated by STI and then *adjusted based on individual student needs. The above sorting process will reduce time spent on adjustments needed to ensure an even distribution in classes for the upcoming school year in terms of academics, demographics, behavior, etc. Be sure to note any special* concerns for placement(w/flags) including the names of students who should not be placed in the same room with another student.

Summative (Exit) Conferences May 22nd & 23rd Price/Sharp

(Teachers will be called to the office)

Final Checkout will be done on May 23rd

Grade levels will be called by the office to check out with cumulative folders/portfolios

Stations for final checkout

Kindergarten	Odom	Third	Middleton	Sixth	Yates
First	Evans	Fourth	McClure		
Second	Blake	Fifth	Coleman		

THOMASVILLE CITY SCHOOLS

Employee Exit Checklist

Administrators

Date:_____

Employee Name:_____**Employee No.:**_____

Address: _____

(Official documents and final payroll information will be mailed to this address)

Mobile Phone:_____ **Home Phone:**_____

Personal e-mail address:_____

Inventory and other items submitted to Thomasville City Schools:

	Returned (Yes)	Returned (NO)	Returned (N/A)
Mobile Phone and Accessories	____	____	____
Two Way Radios	____	____	____
Laptop and Accessories	____	____	____
IPad and Accessories	____	____	____
All other items on Inventory Sheet (See attachment)	____	____	____
Bank Night Deposit Keys	____	____	____
All School/System Facility Keys	____	____	____ (Date_____)

TCS Email Address:_____ **Password:**_____

TCS Phone Voicemail Password (if applicable):_____

TCS Mobile Phone Security Password (if applicable) :_____

List of all Accounts and Passwords Related to Thomasville City Schools:

Account: _____Login: _____ Password:_____
Account: _____Login: _____ Password:_____
Account: _____Login: _____ Password:_____
Account: _____Login: _____ Password:_____
Account: _____Login: _____ Password:_____
Account: _____Login: _____ Password:_____

(If you have more accounts and passwords please list on additional sheet)

Status of Assignments: _____

_____

_____

_____

Page 2: **Employee Name:** _____ **Employee No.:** _____

_____

_____

_____

Pending Projects: _____

_____

_____

_____

_____

_____

_____

I certify that the information contained herein is true and correct.

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

Chief School Finance Officer's Signature:_____ **Date:**_____

To be completed by Board office

Employee Termination Date: _____ **Board Approval Date:** _____

Exit Reason: Retirement:____ Resignation: ____ Non-Renewal: ____ Other: (death etc.)_____
Please List

Network/Email Access Inactivated (INOW, SETS, Phone, other applications) **Date:** _____

Banking and Financial Access Inactivated (if applicable) (Date):_____

Sick Days Owed to Bank:_____

Compensatory Hours Balance (if applicable):_____

PEEHIP Portal Termination (Date): _____

Inactivated/Removed from ALSDE Directory (Date): _____

Final Paycheck Issued (Payroll Date): _____

Employee Terminated in NextGen (Date): _____

Sick Leave Days Transferred–AL School System Name:_____**Date:**_____

Leave History Adjusted for ***Sick Days Transferred*** **or** ***used toward Retirement*** **(Date)**_____

Payroll Clerk's Signature:_____ **Date:**_____

Chief School Finance Officer's Signature:_____**Date:**_____

THOMASVILLE CITY SCHOOLS

Employee Exit Checklist

Teachers and Other Staff

Date:_____

Employee Name:_____**Employee No.:**_____

Address: _____

(Official documents and final payroll information will be mailed to this address)

Mobile Phone:_____ **Home Phone:**_____

Personal e-mail address:_____

Inventory and other items submitted to Thomasville City Schools:

	Returned (Yes)	Returned (NO)	Returned (N/A)
All Receipt Sheets	____	____	____
Fundraiser Forms (Ongoing/Complete)	____	____	____
Mobile Phone and Chargers	____	____	____
Two Way Radios	____	____	____
Laptop and Accessories	____	____	____
IPad and Accessories	____	____	____
All other items on Inventory Count Sheet (See attachment)	____	____	____
All School/System Keys	____	____	____ (Date_____)

TCS Email Address:_____ **Password:**_____

TCS Phone Voicemail Password (if applicable):_____

TCS Mobile Phone Security Password (if applicable) :_____

List of all Accounts and Passwords Related to Thomasville City Schools:

Account: _____Login: _____ Password:_____

Account: _____Login: _____ Password:_____

Account: _____Login: _____ Password:_____

Account: _____Login: _____ Password:_____

Account: _____Login: _____ Password:_____

Account: _____Login: _____ Password:_____

(If you have more accounts and passwords please list on additional sheet)

Status of Assignments: _____

_____

_____

_____

Page 2: **Employee Name:** _____ **Employee No.:** _____

_____

_____

_____

Pending Projects: _____

_____

_____

_____

_____

_____

_____

I certify that the information contained herein is true and correct.

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

Principal/Supervisor's Signature:_____ **Date:**_____

To be completed by Board office

Employee Termination Date: _____ **Board Approval Date:** _____

Exit Reason: Retirement:____ Resignation: ____ Non-Renewal: ____ Other: (death etc.)_____
Please List

Network/Email Access Inactivated (INOW, SETS, Phone, other applications) **Date:** _____

Banking and Financial Access Inactivated (if applicable) (Date):_____

Sick Days Owed to Bank:_____

Compensatory Hours Balance (if applicable):_____

PEEHIP Portal Termination (Date): _____

Inactivated/Removed from ALSDE Directory (Date): _____

Final Paycheck Issued (Payroll Date): _____

Employee Terminated in NextGen (Date): _____

Sick Leave Days Transferred–AL School System Name:_____**Date:**_____

Leave History Adjusted for Sick Days Transferred or used toward Retirement (Date)_____

Payroll Clerk's Signature:_____ **Date:**_____

Chief School Finance Officer's Signature:_____**Date:**_____