

Employment Termination Procedures

Voluntary Resignations

A written resignation is required from each employee who voluntarily resigns. An exit interview should be scheduled on or near the last day of employment. The exit interview form should be completed by the interviewer allowing the departing employee to provide feedback related to their experience with their direct supervisor, benefits provided or other information as appropriate.

Extension of Benefits/ Termination Notice

Each full-time employee must be given extension of benefits information on the last day of employment. There is a 30 day window of opportunity for employees to elect certain benefits after which time the employee's application will be rejected by Hartford Life Insurance. A sample extension of benefits letter is included in the Full-time Termination Packet. All full-time employees should receive this letter and the three attachments which are listed in the letter. In addition, employees who also have supplemental life insurance (paid for thru payroll deduction) should receive an Application for Portability of Group Life Insurance in order to continue this coverage.

The termination checklist should be completed with all of the required documentation. Please forward all required documents to Human Resources. If the employee is transferring to another location within the Archdiocese this information should be noted.

Involuntary Terminations

The procedures below should be followed for all terminations except for voluntary resignations. Involuntary terminations include all terminations for cause, position eliminations, non-renewals of contracted (school) employees or cases where resignation is requested.

The policy of the Archdiocese of Atlanta requires that every termination be reviewed and approved by the Director of Human Resources. As required by Catholic Mutual Insurance Company for employment practices liability coverage, the Director of HR will present each termination to legal counsel for approval.

It is important that managers communicate to employees areas of deficiency. Memos to the personnel file should memorialize discussions regarding unsatisfactory work performance. In some instances a final written warning is appropriate which should be signed by the employee and placed in the personnel file. Sample warnings are available and can be provided by the HR Department. It is suggested that all disciplinary meetings include the manager or supervisor and one other individual in addition to the employee.

All pay and benefits will typically cease on the day of termination. Advance notice of termination is not required. Position eliminations are an exception to this general rule and require, according to policy, severance pay based on years of service including continuation of health benefits during the severance period for full-time employees only. See the Extension of Benefits and Termination Notice procedures above for additional required procedures.



TERMINATION CHECKLIST

Check one:

☐

Full-time

☐

Part-time

☐

Temporary

Employee Name:

Date of Termination:

Location:

Department:

PERSONNEL *(Initial on line)*

- _____ Letter of Resignation from Employee
- _____ Exit Interview
- _____ Termination Notice
- _____ Lay Welfare Repayment Memo (if applicable)
- _____ Notice to Georgia Child Support Enforcement Office (if applicable)
- _____ Separation Notice (if applicable, Catholic Charities employees only)
- _____ Send Records Checklist to employee's supervisor to ensure return of digital and paper records.
- _____ Notify the IT Department and the Office of Archives and Records of the departure immediately.
- _____ Property of Archdiocese collected (access card, keys, laptop, cell phone)

Please list each item collected:

--

BENEFITS *(Full-time employees only)*

_____ Extension of Benefits packet mailed on _____
(Date)

Archdiocese of Atlanta

Termination Notice

Employee Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip Code:
Telephone:	SS#:	
Name of Church or School (or Name of Chancery Office or Department):		
Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/> Temporary: <input type="checkbox"/>		
Position:		
Ending Annual/Hourly Salary: \$		

Date of Termination:	Is this a Reduction in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vacation Days/Hours Taken and Not Earned:	Vacation Days/Hours Earned and Not Taken:
Date of Last Pay check:	<i>*Please allow at least one pay cycle to process</i>
Date of Exit Interview:	Date Extension of Benefits Mailed:
Date Human Resources Notified:	
GA D. O. L. Separation Notice (Catholic Charities Only): <input type="checkbox"/> Yes <input type="checkbox"/> No	

TRANSFER OF EMPLOYMENT

Location Transferring To:	Effective Date of Transfer:
Comments:	

Business Manager Signature:	Date:
-----------------------------	-------

EXIT INTERVIEW

Name of Employee:	Employer Location:
Position:	Supervisor Name:
Date of Hire:	Date of Termination:

What made you decide to leave your current job? (Check all that apply)

Primary	Secondary	
<input type="checkbox"/>	<input type="checkbox"/>	Secured Better Job
<input type="checkbox"/>	<input type="checkbox"/>	Return to School
<input type="checkbox"/>	<input type="checkbox"/>	Family
<input type="checkbox"/>	<input type="checkbox"/>	Issues with Supervisor
<input type="checkbox"/>	<input type="checkbox"/>	Problems with Hours
<input type="checkbox"/>	<input type="checkbox"/>	Not satisfied with Wages
<input type="checkbox"/>	<input type="checkbox"/>	Disliked type of work
<input type="checkbox"/>	<input type="checkbox"/>	Professional level of job
<input type="checkbox"/>	<input type="checkbox"/>	Quantity of Work
<input type="checkbox"/>	<input type="checkbox"/>	Physical Condition
<input type="checkbox"/>	<input type="checkbox"/>	Working Conditions
<input type="checkbox"/>	<input type="checkbox"/>	Transportation Problems
<input type="checkbox"/>	<input type="checkbox"/>	Other:

What did you like most about your job?

What did you like least about your job?

Do you feel training opportunities were made available to you? ☐ yes ☐ no

Comments:

Do you think your current supervisor was fair and reasonable? If not, please explain. ☐ yes ☐ no

Comments:

Archdiocese of Atlanta

Do you believe you were given access to and realistic consideration for promotional opportunities? ☐ yes ☐ no

Comments:

Did you feel your contributions were appreciated by your supervisor and others? ☐ yes ☐ no

Comments:

Did you have the appropriate equipment and resources necessary to perform your job? ☐ yes ☐ no

Comments:

Was your salary satisfactory for the job you were performing? ☐ yes ☐ no

Comments:

Were you satisfied with the employee benefits provided? ☐ yes ☐ no

Comments:

Was the physical working environment comfortable and conducive to productivity? ☐ yes ☐ no

Comments:

Was the job realistically presented to you when you were hired, or did you most recently change position?

☐ yes ☐ no

Comments:

Do you have any suggestions for improvement?

Are there any changes which could have been made to prevent you from leaving?

Other comments, if any:

Interviewer

Date

Archdiocese of Atlanta