

FINAL CLEARANCE FORMS FOR EMPLOYEES OF MILES COLLEGE

As a clearance for your final paycheck at Miles College, appropriate signatures on the attached forms are required. The Office of Human Resources will receive the Final Clearance Forms and will in turn authorize the release of the employee's Final Paycheck.

NOTE: MILES COLLEGE ID BADGE MUST BE ATTACHED TO THIS FORM

EMPLOYEE'S NAME _____

AREA _____ **DATE OF RESIGNATION** _____

DATE OF TERMINATION _____

SUPERVISOR _____

(The supervisor's signature certifies the acceptable condition of records, documents, assignments, materials, and equipment.)

LIBRARY _____

(The Head Librarian's signature certifies the clearance of books, materials, equipment, etc., which may be on loan from the Learning Resources Center.)

MAJOR AREA SUPERVISOR _____

(The major area Supervisor's signature certifies the signatures of the above persons and the receipts of the keys appropriate to the employee's area.)

BUSINESS OFFICE _____

(The Business Manager's signature certifies the clearance of personnel records, bills, and debts to the College, including but not limited to payroll and travel advances, insurance's, damage charges, loans, and Miles College Picture ID.)

EMPLOYEE'S SIGNATURE _____ **DATE** _____

HUMAN RESOURCES _____ **DATE** _____

FINAL PAYCHECK RECEIVED _____ **DATE** _____

BY _____ **DATE** _____

**MILES COLLEGE
EXIT WORKSHEET**

Date: _____

TO: Human Resources

FROM: _____ **Social Security #:** _____

Employee

Date of official Termination/Resignation _____

Last date worked: _____

Last day paid: _____

Position: _____ Dept: _____

Reason for Termination/Resignation _____

SUPERVISOR INFORMATION

Recommended for Rehire: _____

NOT recommended for rehire: _____

Overall performance rating: (below average, average, above average, excellent)

Supervisor comments: _____

Supervisor signature: _____

Personnel Information

Payroll signature: _____

Forwarding Address: _____

Telephone Number: _____

HR Manager: _____ **Date:** _____

NOTIFICATION TO CANCEL OPTIONAL PAYROLL DEDUCTIONS

DATE: _____

Dear Payroll Clerk:

Please cancel the following payroll deductions(s) effective _____.
The cancellation is: _____ (in Part): _____ (in full), with the following providers:

- | | | | | | |
|----|--------------------------------|-------|----|----------|-------|
| a. | BlueCross BlueShield Medical | _____ | f. | Colonial | _____ |
| b. | BlueCross BlueShield Dental | _____ | g. | UNUM | _____ |
| c. | Comp Benefits Vision Care Plan | _____ | h. | MSCU | _____ |
| d. | American Dental Plan | _____ | i. | JCTCU | _____ |
| e. | Liberty National | _____ | j. | AFLAC | _____ |

OTHER _____

If a partial cancellation is being effected, please specify the portion of the premium you wish to eliminate \$ _____.

Please freeze _____, Cancel _____ my retirement account with the following provider(s).

A. TIAA _____

**CONTINUATION OF INSURANCE
(COBRA) Yes No**

By: _____
Employee

Acknowledge By: _____
Payroll Clerk

Date: _____

COBRA ELECTION FORM
(FY 2007-2008)

Name: _____

Address: _____

Date: _____

**() I DO NOT elect to continue
Medical Coverage**

If there are any inconsistencies in the manner in which you complete this form, you will be treated as electing coverage.

Failure to return this form in 60 days will constitute waiver of coverage.

Important: Miles must receive: A completed signed copy of this notice within 60 days from the date of this notice; **you must submit to BlueCross BlueShield** your first payment within 45 days following the date you sign this form. **Payment will be Retroactive.**

() I ELECT to continue the following coverage:

Elect Type

BCBS Medical Employee -\$ 385.94 Two-Person- \$ 707.82 Family- \$ 1,035.82

BCBS Dental Emp \$ 21.00 Emp.+ Child(ren) \$35.00 EE+One - \$43.00 Family - \$63.00

CompBenefits Vision Employee Only- \$8.69 Family - \$22.56

***** (RATES = FULL AMOUNTS PLUS 2% ADMINISTRATION FEES) *****

Qualified Dependents/Beneficiaries:

Spouse: _____ Dependent: _____

Dependent: _____ Dependent: _____

Are you or any enrolling dependents now covered under any other group health or dental care plan?

Yes No

If yes, does that person have a pre-existing condition not covered under the other plan?

Yes No

Employee: _____

Spouse: _____

Dependent: _____

(Over age 18) Name Phone Date

**Spouse and Dependent Signatures are Required If Any
Family or Dual Coverage's are Being Waived**

Miles College
Effective 9/1/07 – 8/31/08

Revised 1-31-08

EMPLOYEE AUTHORIZATION TO RELEASE REFERENCE INFORMATION

I, _____ hereby authorize **Miles College** to release the following job reference information to prospective employers.

_____ **Any information desired by my prospective employer**

_____ **Salary history** (Salary: _____ Final: _____)

_____ **Dates of employment** (Hire date: _____ Termination date: _____)

_____ **Position held** (Starting: _____
Final: _____)

_____ **Duties and responsibilities** _____

_____ **Reason for leaving** _____

_____ **Eligibility for rehire** (Yes: _____ / No: _____)

_____ **Other** _____

I have reviewed the above information and understand this is the data that will be released should my references be checked.

Signature: _____ Date: _____

Name: _____

Social Security #: _____

Release Expiration Date: _____

Instructions: Use this form to give references on past employees. Have the employee write **yes or no** on each line next to the question. Fill in all information requested and sign and date the form.

MILES COLLEGE

EXIT INTERVIEW

Name _____ Job Title _____

Employment Date _____ Term Date _____ Supervisor _____

Please help us make Miles College a better place to work. We would appreciate hearing about your experience as an employee. Your responses will remain confidential.

1. Why are you leaving Miles? _____

If leaving for another job offer, please answer the following questions about your new position:

New Job Title: _____ New Job Responsibilities: _____

New Job wage: _____ New Job work hours/days: _____

How do the medical/dental benefits of your new employer compare with Miles? _____

2. Give us your opinion of Miles as an employer: _____

3. Do you believe you were fairly compensated for the job you did at Miles? _____

4. Tell us what you liked/disliked about the benefit package we offer: _____

5. I found my direct supervisor to be helpful and knowledgeable? Why or why not? _____

6. I found the work environment to be: _____

Why? _____

7. If you could make three changes in the work or environment at Miles College, what would they be and why?

1. _____

2. _____

3. _____

8. Would you be interested in working for Miles again? _____

9. Additional Comments: (use back of page if necessary) _____

Revised 1-31-08

FOR HR USE ONLY