
Print Employee's Name

Department

**JEFFERSON COUNTY COMMISSION
EXIT REVIEW FORM**

Please mark an "X" by items returned/addressed and "NA" by items that are not applicable.

Jefferson County identification badge returned.

Jefferson County office keys returned.

Jefferson County car keys returned.

Mailbox keys returned.

Desk and file cabinet(s) keys returned.

Credit card returned.

Jefferson County cell phone/PDA returned.

Jefferson County pager returned.

Jefferson County radio returned.

Uniform/Apparel with County logo returned.

Computer access password _____.

Does employee have VPN access? If yes, is it deactivated?

Parking Decal/Pass returned.

Leave status, circle one: **resignation/retirement** **termination** **suspension**

Rehire status, circle one: **eligible for rehire** - **not eligible for rehire** - **other (explain)**

Employee told to consult the Pension Office for retirement questions.

Employee leaving on retirement-sick leave conversion?

If employee is resigning, have you received the resignation letter?

* (please scan resignation letter with form and submit as outlined below)

Other (specify any item returned that's not listed) _____

Health insurance _____, the County's third party

COBRA administrator will mail a notice and election form to the

employee regarding **COBRA** eligibility for **medical, dental, vision, and flexible spending**) – in order to elect COBRA continuation coverage, you must complete the election form that is mailed to you and send it, along with payment, to the address indicated in the notification letter, no later than the end of the 60-day election period. (election period is generally 60 days from the later of the last day of employment or the date of the written notice to the employee) **(check mark in blank indicates the employee was notified that information would be mailed)**

Retiree Insurance - based on age and service - premium matrix attached **(check mark in blank indicates the employee was told to get matrix from HR)**

Basic Life Insurance – terminates as of last day of employment but policy can be converted. Please see attached **Notice of Conversion. (check mark in blank indicates the employee was told to get notice from HR)**

Voluntary Life Insurance – terminates as of the last day of employment but policy can be converted. Please see attached **Notice of Conversion. (check mark in blank indicates the employee was told to get notice from HR)**

Current address where the County should send my mail:
(Co. Rep. should print employee's address below)

Phone Number _____

HR is interested in knowing why you are leaving and what you believe we can do to make the County a better place to work. Are you interested in receiving a survey via e-mail that allows you to express your opinion? If so, please provide your personal e-mail address: _____

continued on next page

I hereby acknowledge that I agree with the information that has been marked in the above designated blanks.

Employee's Name (Print) _____

Employee's Signature _____

Date _____

Dept. Head (Representative) (Print) _____

Dept. Head (Representative) Signature _____

Date _____

Employee refused to sign Exit Review Form.

*Submit form electronically to hrlstiens@jccal.org along with resignation letter (if applicable) immediately after completion. Submit original Exit Review Form, resignation letter (if applicable), personnel action form, identification badge and acceptance of resignation letter to Tiffany Dates or Jennifer Price, HR Room A610 no later than the following business day after execution of Exit Review Form.