

Exit Procedures for Employees

Auburn City Schools

May 2022



Auburn City Schools

Forms Required for Terminating Employees

- _____ 1. Change in Family Status form
- _____ 2. Cobra Election Form
- _____ 3. Sick Leave Bank Termination form (if applicable)
- _____ 4. Payroll Deduction Cancellation form (if applicable)
- _____ 5. Teacher's Retirement Distribution Election form
- _____ 6. Direct Deposit Termination
- _____ 7. Technology Resources/Etrieve
- _____ 8. Uniforms
- _____ 9. Room Inventory
- _____ 10. Purchasing Cards
- _____ 11. Gmail account to access Etrieve documents:
- _____ 12. Exit Survey

I have completed the required forms (1-12) for terminating employees of Auburn City Schools. My effective date of termination is _____.
My last day of work is _____.

Print Name _____ School _____

Signature _____ Date _____

AUBURN CITY SCHOOLS CHANGE IN FAMILY STATUS FORM

Please complete this form if you have previously enrolled in the Section 125 Flexible Benefits plan, electing pre-tax premium deductions, and now wish to show a valid reason for changing or canceling the terms of your enrollment **after commencement of the Plan Year**.

Please check the applicable family status change:

- ☐ Marriage/divorce/legal separation (attach license, court decree, or other supporting documentation).
 - ☐ Birth, adoption, or death of a dependent.
 - ☐ Termination of your employment (or spouse's).
 - ☐ Obtain employment (you or your spouse).
 - ☐ Loss of dependent status.
 - ☐ Change in your (or spouse's) employment status (ie, from part-time to full-time, ineligible, increase or reduction in salary, etc.).
 - ☐ Other (give details and provide supportive documentation).
-
-

The changes in benefit coverages you indicate must be **consistent with the change in status checked above**. Changes include, but are not limited to:

- * Changing coverage from *single* to *family* or from *family* to *single*.
- * Canceling your participation in the plan.

Other status change forms to be completed:

- ☐ PEEHIP Membership Status Change form
- ☐ Section 125 Flexible Benefits Plan Agreement(s) (except upon cancellation)
- ☐ Payroll Deduction Cancellation form (if applicable)

I hereby elect changes to my benefits coverages because of a qualified change in my family or employment status.

Employee Signature

Date

Received _____

Date: _____

PUBLIC EDUCATION EMPLOYEES HEALTH INSURANCE PROGRAM
OBRA NOTIFICATION FORM

3 LETTER SYSTEM CODE STAMP

The employee listed below has resigned his or her employment,
or has been terminated. Please contact this person in reference
to continuation of coverage under the provisions of COBRA.

Name: _____

SSN: _____

Address: _____

If the employee was terminated, was the termination due to *gross misconduct*?

- ☐ Yes
☐ No

Date of Termination: _____

First Day Worked: _____

Last Day Worked: _____

Was employee granted leave under the Family and Medical Leave Act (FMLA) before date of
resignation?

- ☐ Yes
☐ No

Date FMLA Began: _____

Date FMLA Ended: _____

Last deduction in the amount of \$ _____ will be deducted _____

for coverage through _____.

Allocation earned through _____ (including any extra allocation earned
under the 3-1 Rule)

Is the member transferring to another system?

- ☐ Yes Name of System _____
☐ No

Did the employee complete his or her contract for the year?

- ☐ Yes
☐ No

Is the member transferring/combining allocations with spouse?

- ☐ Yes
☐ No

Signature of Employee (Optional)

School System

Signature of School Official

Date

Public Education Employees' Health Insurance Plan
P. O. Box 302150
Montgomery, Alabama 36130-2150
(334) 832-4140 or 1-800-214-2158
Web site: www.rsa.state.al.us

Revised 06/2004



AUBURN CITY SCHOOLS

SICK LEAVE BANK NOTICE OF TERMINATION

I hereby terminate membership in the Auburn City Schools Sick Leave Bank, and request that five (5) days be returned to my personal sick leave account.

Print Name _____ School _____

4 Digit Employee Number _____

Signature _____ Date _____



AUBURN CITY SCHOOLS PAYROLL DEDUCTION CANCELLATION

NAME: _____ 4 Digit Employee #: _____

Please let this serve as notification to **discontinue coverage and/or payroll deduction for the following:**

Provider: _____

Policy Type: _____

Discontinue Effective (Date): _____

I understand that if I elected premiums on the above to be deducted on a **Pre-tax basis (Cancer, Intensive Care and Child Care only)**, that I may not **discontinue payroll deductions until January 1**, as per Section 125 agreement, unless I have had a change in family status. All other deductions may be canceled at any time upon notification to the Business Office.

Signature _____ Date _____

Received by: _____

Date: _____



Notice of Final Deposit and Request for Refund

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN

Check One: ☐ TRS ☐ ERS ☐ JRF ☐ SNU Supernumerary members only ☐ MRS City of Montgomery Plan Employees

Your Information

Name _____
First Middle/Maiden Last
Mailing Address _____
Street or P.O. Box Apt.# City State ZIP Code
Telephone Number _____ Email Address _____
Date of Birth _____ PID (optional) _____

Distribution Information

Read the enclosed special tax notice before completing the remainder of this form.

To be completed by Representative of new plan

Select only one distribution option:
☒ Lump Sum Payment
I elect to receive (at the above address) full distribution of my account, less the 20% federal income tax withholding required.
☐ Direct Rollover
I elect to have _____% of the taxable benefit transferred directly to the trustee named below. (For transfers less than 100%, the remainder of the account less the mandatory 20% federal income tax withholding, will be paid to me at the above address.)

Rollover Trustee/Custodian Information (complete only if Direct Rollover is checked)
Name of Trustee or Custodian for eligible plan _____
Address _____
Street or P.O. Box City State ZIP Code
Contact Person _____ Telephone Number _____
Name on Account _____ Account Number _____

Rollover Trustee/Custodian information requires the signature from the Rollover Trustee/Custodian Official

Sign Here → Trustee/Custodian

Type of account into which money will be transferred: (An Education IRA is **not** an eligible plan)
☐ 401 Qualified Retirement Plan ☐ 403(a) Annuity Contracts ☐ 403(b) Tax Sheltered Annuity ☐ Roth IRA
☐ 408(a) Individual Retirement Account ☐ 408(b) Individual Retirement Annuity ☐ Governmental Deferred Compensation Plans (Traditional IRA) (IRC 457)
Plan accepts non-taxable funds? ☐ Yes ☐ No

Trustee/Custodian Official Signature _____ Date _____
Signature by Trustee/Custodian Official affirms acceptance of transfer.

Signature Certification

Sign Here → Member
Please have your signature acknowledged before a Notary Public.

Your Signature _____ Date _____
State of _____, County of _____
I, _____, a Notary Public, hereby certify that the above named individual whose name is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are true. Given under my hand this _____ day of _____, 20____.

Seal _____ Signature of Notary Public _____
My Commission Expires _____

Notice of Final Deposit and Request for Refund



Name _____ SSN _____

Employer Certification

To be completed by the employing agency

Employing Agency _____
Last day worked/enrollment end date _____
Month/Day/Year
Last pay check date _____ Last pay period date _____
Month/Day/Year Month/Day/Year

I hereby certify the final salary payment has been made to the above named member and that this person has no further contract, written or oral, to return to employment at said agency.

Sign Here → Employer

Payroll Officer Signature _____ Date Submitted _____
Remember: Enrollment must be ended in Employer Self-Services (ESS) and your payroll system.

Send this form with the payroll report which includes the member's final deposit. If this is a state agency reporting unit, do not submit this form to the Retirement Systems until all warrant cancellations for this individual have been processed by the state comptroller.

Instructions for Refund Request

Complete the first page of this form, including having your signature notarized. If you elect a direct rollover, the trustee/custodian must complete the trustee/custodian information in the Distribution Information section. The trustee/custodian official must verify if their plan accepts or does not accept non-taxable funds. The trustee/custodian official must also sign to affirm acceptance of the transfer.

The Employer Certification (above) should be completed by the employing agency. The refund will not be processed until the Retirement Systems of Alabama (RSA) receives the member's final deposit along with this form and any additional requested information.

Any person who makes a false statement or falsifies a record in an attempt to defraud the RSA shall be guilty of a misdemeanor, and upon conviction, be punished by a fine up to \$500.00 and/or imprisonment not to exceed one year.

After this form has been completed, any address change must be submitted to the RSA in writing and be signed by the applicant. Include your Social Security number or PID number on any correspondence.

Employee Termination Statement

I hereby certify that I have permanently terminated my employment in any agency covered by the Retirement Systems indicated and request that the contributions and applicable interest be distributed as shown. I further certify I do not have a contract nor am I negotiating for employment with any agency covered by the System indicated. I understand that I am *not entitled to the total interest* credited to this account, but a proportion of the total interest determined by RSA service credited to this account. The refundable funds in my account are due to me and unpaid, and I understand that payment in accordance with this form will release the RSA from any claim for other benefits.

No portion of the refund is subject to state of Alabama income tax.

If you have any questions regarding the taxability of your refund, contact the IRS or a tax advisor.



Auburn City Schools Termination Agreement For Automatic Deposits

Employee Name _____

Effective Date _____ Amount \$ _____
(Type "Balance" for whole check or balance of check)

4 Digit Employee # _____

Name of Bank _____

City _____

Account Number:
Checking _____ Savings _____

Bank Routing Number: _____

Signature _____ Date _____



TECHNOLOGY RESOURCES

Please let this serve as notification of the termination of your Auburn City Schools' network login, email address and personal data storage access. Upon resignation or retirement from ACS, your account will be deleted after your last contract day which is _____.

I, _____, understand that I will be responsible for obtaining all necessary information (Microsoft 365 files, pdrive files, contacts, electronic medium, etc.) prior to the deletion of my ACS account. If circumstances arise where I will be working beyond my last contract day and I will need this access, I will inform my Principal/Supervisor and the ACS Technology Department.

Signature _____ Date _____

AUBURN CITY SCHOOLS

EXIT SURVEY

School

Grade or Subject Taught

I. My reason for leaving the Auburn City School system is:

- () moving to another community
- () retirement
- () non-renewal of contract
- () dissatisfaction with work conditions
- () other -- please specify _____

II. My assessment of the following is:

A. Working Conditions

- () Excellent
- () Good
- () Needs improvement -- please specify _____
- _____
- () Unsatisfactory -- please specify _____
- _____

B. Available materials and equipment

- () Excellent
- () Good
- () Needs improvement -- please specify _____
- _____
- () Unsatisfactory -- please specify _____
- _____

C. Administrative supervision

- () Excellent
- () Good
- () Needs improvement -- please specify _____
- _____
- () Unsatisfactory -- please specify _____
- _____

ADDITIONAL COMMENTS: _____

SIGNATURE (OPTIONAL)

Return in a sealed envelope to:

Dr. Cristen Herring, Superintendent
Auburn City Schools
P.O. Box 3270
Auburn, AL 36831-3270