

**CITY OF BEAUMONT  
POLICIES AND PROCEDURES MANUAL**

Policy Number: 1.5

Subject: Exit Interviews

Effective Date: July 13, 2007

Approved by: Kyle Hayes | 05/01/2021  
City Manager | Date

Chris Catalina | 05/01/2021  
Personnel Director/Date

I. PURPOSE

The purpose of this policy is to provide pertinent information to a regular full-time employee regarding insurance and pay when his/her employment terminates.

II. RULES/PROCEDURES

- A. A member of the Personnel staff will conduct all exit interviews.
- B. Each department/division shall schedule an exit interview for all regular full-time terminating employees (both voluntary and involuntary) with the designated person in the Personnel Department. The department/division may utilize the exit interview checklist (Attachment A) to ensure that all items have been completed.
- C. Each department/division is responsible for completing the exit interview letter (Attachment C) and giving it to the terminating employee prior to the date of the exit interview.
- D. Each department/division is responsible for ensuring that all City property and ID badge has been returned by the employee.
- E. The department shall advise Personnel prior to the exit interview if the employee has not returned all City property.
- F. The employee may receive his/her terminating paycheck at the next regular pay period via direct deposit.
- G. Each department/division shall create a Personnel Action Form.
- H. Personnel will inform the employee of his/her benefit rights and options including COBRA, life insurance, TMRS, ICMA, etc.
- I. Personnel will ask the employee about his/her job experience with the City; identify strengths or weaknesses of the organization; identify any ethical concerns that may exist and question whether those concerns were discussed with his/her supervisor.

- J. Personnel will share any concerns or issues with the department or division for appropriate action. Ethical concerns will be shared with the City Manager and department director.
- K. The exit interview form (Attachment B) is filed in the employee's permanent folder in Personnel upon completion.

**CITY OF BEAUMONT  
EXIT INTERVIEW CHECKLIST**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT**  
Date

\_\_\_\_\_ Schedules exit interview for employee prior to termination date with the Personnel Department.

\_\_\_\_\_ Complete Personnel Action Form.

**TERMINATION/RESIGNATION**  
Date

\_\_\_\_\_ Employee will usually receive final paycheck no later than the next regularly scheduled payday.

**PERSONNEL**  
Date

\_\_\_\_\_ Schedules exit interview with the department/division representative.

\_\_\_\_\_ Confirms with the department that all City properties have been returned.  
Confirmed by: \_\_\_\_\_

\_\_\_\_\_ Conducts exit interview in accordance with Attachment B.

\_\_\_\_\_ Informs employee of all benefits options including COBRA, TMRS, ICMA, etc.

\_\_\_\_\_ Discuss department/division's strengths and weaknesses, ethical concerns, etc.

**Exit Interview Form**

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Title: \_\_\_\_\_ Dept./Div.: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Salary: \_\_\_\_\_

Termination Date: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

*\*if mailing address is incorrect, employee must fill out applicable form to complete address change.*

**COBRA**

I have been informed and understand my rights to participate in the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985. COBRA is available for 18 months for medical and dental only. I understand that I must inform the administrator within sixty (60) days as to whether or not I want to continue coverage for myself and/or my dependents under COBRA. The administrator will send the appropriate information to you, and all contributions must be remitted to the administrator. Failure to do so will terminate my rights to participate in COBRA.

At termination, you and your dependents may continue coverage by paying monthly premiums for the following benefits. A notice will be mailed to your home along with forms, cost and directions as to what you need to do to continue your benefits. Contact the following vendor's Customer Service units regarding your options to continue coverage after leaving the City of Beaumont.

**Status of Benefits at Termination**

*Insurance will cancel on the last day of the month of employment. The full insurance premiums for the month will be deducted from the final paycheck.*

\_\_\_\_\_ **A. Medical Insurance**

- Ceases upon the last day of the termination month.
- Prescription drug card coverage ceases upon the last day of the month.

\_\_\_\_\_ **B. Dental Insurance**

- Ceases upon the last day of the termination month.

\_\_\_\_\_ **C. Life Insurance**

- Ceases upon the last day of the termination month.
- To convert/continue coverage for yourself or your dependents, you and/or your dependents must call the insurance carrier at 1-800-362-4462 for information regarding conversion portability option. You must complete an application within 15 days of the date of termination. Request the application from the City. All premiums will be at the employee's expense.
- You acknowledge you were provided a copy of the application to convert/port your life insurance coverage.

\_\_\_\_\_ **D. Optional Benefits**

- Employee Voluntary Life, Accidental Death & Dismemberment (AD&D), and Long Term Disability cease upon the last day of the termination month.
- Healthcare FSA -tax deferred payroll deductions cease upon the last day of the termination month. For continued participation, please discuss with the Benefits Coordinator or Benefits Specialist.
- Dependent/Child Care--participation cease upon the last day of the termination month.

\_\_\_\_\_ **E. TMRS (1-800-924-8677) or ICMA (1-800-669-7400)**

- You may apply for TMRS retirement annuity (if eligible) through Finance or contact TMRS directly.
- Contact Finance or ICMA directly to complete paperwork for ICMA withdrawals.

\_\_\_\_\_ **F. COBRA**

- WEX: BCBS Medical and Dental COBRA Administrators - 1-866-451-3399
- Ameritas: CLEAT Dental COBRA Administrators - 1-800-487-5553 (Sworn Police Personnel)
- Healthcare FSA – Apply through Finance/Employee Benefits

\_\_\_\_\_ **G. Contact the following vendor's Customer Service units regarding your options to continue coverage:**

<b>AFLAC</b>	<b>1-800-433-3036</b>
<b>ARCH</b>	<b>1-201-743-4553</b>
<b>Trustmark</b>	<b>1-800-918-8877 Option 6</b>
<b>Davis Vision</b>	<b>1-877-923-2847 (Civilian/Fire)</b>

\_\_\_\_\_ **H. Final Paycheck Direct Deposit**

All final checks, regardless of termination type (voluntary or involuntary), will be direct deposited to the account currently on file for you. If you have accruals eligible for compensation and/or working hours during the payroll week(s) preceding your effective termination date, your final payment(s) will be direct deposited on the next scheduled pay date. You must notify payroll of your personal e-mail address if you want your final check detail e-mailed to you.

**FOR INVOLUNTARY SEPARATION EMPLOYEES ONLY**

I have been advised that should I decide to appeal my termination, and subsequently be reinstated, I understand that I will be required to either buy back all leave time paid out upon termination or be reinstated with no accrued leave time.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Interviewer's Signature**

\_\_\_\_\_  
**Date**

Date

Employee Name  
Address  
City, TX Zip

Dear (Employee's Name):

This letter is to confirm that you are required to return all City issued property, ID badge, equipment or items such as keys, uniforms, goggles, etc. These items must be returned to the \_\_\_\_\_ Department prior to your exit interview. Your exit interview is scheduled to occur on (day/date) at (time) in the Personnel Department with (name) Personnel Generalist. You must bring this letter with you to Personnel for your exit interview after it has been signed by your department supervisor indicating that you have returned all required City equipment/property.

You must bring the following items to your exit interview in Personnel:

- ID Badge
- This Letter

Please remember, failure to return City issued property/equipment as requested may be considered a criminal offense and may result in further action by the City.

Should you have any questions, you may contact me at \_\_\_\_\_.

Sincerely,

Name  
Department Director/Division Manager

- ( ) All items issued to the employee indicated above have been returned to this department.
- ( ) The following items issued to the employee have not been returned to this department.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature: Department Director/Division Supervisor

\_\_\_\_\_  
Date