

## DEPARTMENT OF COMMERCE SEPARATION CHECKLIST & EXIT QUESTIONNAIRE

Last Name	First Name	Initial
Effective Date	Division/Commission	Date of Interview

**DIVISION DIRECTOR** - Have the employee returned the following items? (if applicable):

Keys ___	Cell Phones & Accessories ___	AMEX Card ___	ITS E-mail Notification ___	Computer Cables ___
Motor Pool Vehicle/Keys ___	Bldg ID/ Access Card ___	Parking Deck Transponder ___	Docking Station Laptop ___	Mobile & Thumb Devices ___ Other: _____

**SUPERVISOR/HBR REPRESENTATIVE** - The following items **MUST** be completed and submitted to the Human Resources Office.

<u>Letter of Resignation</u>	<u>Projected Timesheets</u>	<u>Position Action Request Form</u>
<u>Performance Appraisal</u>	<u>ITS Computer Notification</u>	<u>IS Notification of Separation Date</u>

**BEACON Benefits Termination Notice**

A Benefits Termination Notice will be mailed to the employee's home address. This notification is about **state-sponsored benefit plans** that will end due to Separation; information on continuation of coverage, conversion or portability options may be available based on each plan's specifications. Payment arrangements and necessary forms may be completed by the employee based on each plan's requirements and deadlines. For information on state-sponsored benefit plans, contact the Benefits Support Center at 1-866-NCBEST-4U or (919) 707-0707.

**LEAVE PAY**

(Vacation leave will be paid up to a maximum of 240 hours & any Bonus Leave. Once the Time Sheet (T/S) is **completed and approved** by Management; & Time Evaluation is run by BEACON, payment should be received in the month of Separation. If all Separation paperwork and T/S are processed by payroll deadline (*midmonth*), payment will be made in that month. **Payment could be paid by paper check the month following separation** (if separation paperwork process and/or the T/S are **not completed and approved** by payroll deadline). Sick leave balance will be banked for a period of 5 years. If an employee returns to State Government during that 5 year period, sick leave balance will be reinstated.

Unused Bonus \_\_\_\_\_ Unused Vacation Leave \_\_\_\_\_ Unused Sick Leave \_\_\_\_\_

Is a refund of retirement contributions desired? YES NO  
 If yes, has FORM 5 Must be completed?  
 (Allow 60-90days for payment) [www.nctreasurer.com/dsthome](http://www.nctreasurer.com/dsthome)

**Reasons for Separation**

Transfer to another State Agency     Retirement     Private Sector     Other

Director (or Designee) Signature _____	Date _____	Supervisor/Personnel Rep Signature _____	Date _____
Employee Signature _____	Date _____	Benefits Representative Signature _____	Date _____

Your objective feedback regarding the following questions is important. This exit interview questionnaire enables the Department to keep track of reasons why employees separate. It will assist us in recognizing our strengths as well as the employee needs and areas for improvement.

1	What are your reasons for terminating employment with the agency?				
2	Would you consider re-employment with Commerce if given the opportunity?				
3	How did you feel about your salary in conjunction with your job responsibilities?				
4	What is your opinion regarding the State's benefit package?				
5	How would you rate supervision on the following points?	Almost Always	Usually	Sometimes	Never
	Follows policies and procedures				
	Demonstrates fairness				
	Provides job recognition				
	Resolves complaints/problems				
6	How would you rate Commerce Administration (i.e. Human Resources, Fiscal Management, etc. on the following points?	Above Average	Average	Below Average	
	Communication				
	Courtesy/Helpfulness				
	Overall Rating				
7	Name of Division or Commission where employed:				
8	Based upon your experience, list all training that is appropriate for any new person in this position. This should include any training that you actually received, or training that you feel would have been extremely beneficial to you, in performing responsibilities of this position.				

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This page has been provided for any additional comments you may have concerning your employment with Commerce.

**This is confidential information and should be sent directly to the Human Resources Office in a regular, sealed envelope. Mark Confidential.**

Should you prefer to arrange a confidential interview with the Commerce HR/Employee Relations at (919) 733-2104.