

Notice of Termination or Separation of Employment With Current Fairfield County Department

Departments: It is imperative that you send this form to County Payroll as soon as you know the termination date. Do not wait until you submit the payroll worksheets to notify this office.

Employee Name: _____ Employee Number: _____

Department: _____

Date terminated CAI form submitted to IT: _____ Did employee have ERP access: _____

Last date of earnings: (i.e. hours worked, sick, vacation) _____

Reason for termination _____ Terminated by employer
_____ Resigned
_____ Leave of absence
_____ Transferred to _____ (County Department)
_____ Disability with OPERS _____ (Position title at disability retirement)
_____ Retired with OPERS _____ (Position title at retirement)
_____ Other _____ (Explanation & attachments, if applicable)

This statement serves as official notice of a termination or separation to the Payroll Department of the County Auditor's Office. It will be placed in the employee's personnel file and copied to the employee's Human Resources department.

Note: The employee's county health insurance coverage will end on the last day of the month in which employment terminated. The employee will be notified by the Health Insurance carrier providing options related to continuing health insurance. The employee must notify the Life Insurance carrier as to options related to life insurance convertibility.

THIS FORM IS VALID WITH THE DEPARTMENT HEAD'S SIGNATURE ALONE.

Terminated Employee: _____
Signature Date

Department Head: _____
Signature Date

Department Head must certify that the employee has been given a copy of this form.

FOR AUDITORS OFFICE USE ONLY
(PLEASE INITIAL AND DATE EACH CATEGORY)

Vacation leave balance paid? Y / N / N/A _____
Vacation leave balance zeroed out? Y / N / N/A _____
Comp-time balance paid? Y / N / N/A _____
Sick leave balance paid? Y / N / N/A _____
Sick leave balance zeroed out? Y / N / N/A _____

Health Insurance Notified? Y / N / N/A _____
Refund health insurance? Y / N / N/A _____
Date copied to HR: _____
User defined fields: _____

Payment of Unused Sick Leave Upon Separation of Service

Notice to Employee Terminating Employment Service with Fairfield County

This form must be completed and signed by employee before payment for unused sick leave balance will be made.

Name of Employee: _____

Department Name: _____

Termination Date: _____

Employees terminating employment service with Fairfield County should be aware of the following policies and statutes regarding unused sick leave:

Fairfield County Commissioners Personnel Policy Manual, Section 4:14, states:

Upon *retirement or resignation* from active service with Fairfield County and total public service of at least five years, an employee may elect to be paid for *one-quarter (1/4) of their accrued sick leave balance up to a maximum of thirty (30) days of pay*. This payment shall be based on the employee's rate of pay at the time of retirement or resignation and eliminates all sick leave credits accrued but unused by the employee at the time the payment is made.

Subsequent public employment will begin with a zero sick leave balance. Sick leave payment under this section may be made only once to a Fairfield County employee. An employee who qualifies for a payout must apply for such payment within thirty (30) days of separation or forfeit right to a payout.

An employee who elects not to receive payment for unused sick leave upon retirement or resignation will be credited with his/her balance of accumulated sick leave upon reemployment in another public agency within the State of Ohio provided the time between separation and reappointment does not exceed ten (10) years.

LISTED BELOW ARE DEPARTMENTS NOT UNDER FAIRFIELD COUNTY COMMISSIONERS POLICY:

Board of Elections	After 5 years, 50% w/max of 60 days upon separation or retirement
Engineers (union & non-union)	After 5 years, 25% w/max of 30 days upon resignation or retirement
	After 10 years, 50% w/max of 30 days upon resignation or retirement
	After 20 years, 50% w/max of 45 days upon resignation or retirement
FCDD	After 5 years full-time or part-time with the Board, 50% w/max of 50 days upon separation (with a minimum of two weeks notice) or retirement
Health Department	After 5 years, 25% w/max of 240 hours upon retirement
Regional Planning	After 10 years, 25% w/max of 30 days upon retirement
Sheriff – Dept, Sgt, Lt	After 5 years, 25% w/max of 240 hours upon separation or retirement
Sheriff – Dispatchers	After 10 years, 25% w/max of 30 days upon retirement
Soil & Water	After 10 years, 25% w/max of 30 days upon separation or retirement

Do you have the required number of years of public service per your department's policy? **YES / NO**

If NO, then sign form below and **STOP**. If YES, then continue with election.

Have you ever been paid for unused sick leave by Fairfield County? **YES / NO**

If YES, then sign form below and **STOP**. If NO, then continue with election.

Employee Election (check one)

_____ I elect **to be paid** at this time for my unused sick leave balance, as described above.

_____ I elect **to not be paid** at this time for my unused sick leave balance, as described above.

Employee Signature

Date