THE MOUNT SINAI HEALTH SYSTEM, NEW YORK

TERMINATION SIGN OUT POLICY

DEPARTMENT: Human Resources

SUBJECT: Termination Sign Out Policy

<u>CROSS-REFERENCE</u>: Termination Procedure 16.01

Original date of issue 07/01/2016

| Reviewed: | 7/2016 | - | | |
|-----------|--------|---|--|--|
| Revised: | 7/2016 | | | |

Policy:

It is the policy of the Mount Sinai Health System that all employees terminating employment complete the sign out process on the last day of their employment with their manager, supervisor or department head (the "manager"). This process ensures that: Health System property is returned; the employee receives information pertaining to benefits in a timely manner; the employee provides contact information; the employee is provided an opportunity for an exit interview; and the release of terminal pay is authorized.

Procedure:

Employees are expected to give written notice of their intent to resign. Failure to do so in a timely manner may result in ineligibility for reemployment, forfeiture of payment for accrued time off and liability for the cost of all unreturned items. Subject to any variations contained in the applicable collective bargaining agreements, employees are required to provide notice equal to the amount of initial vacation entitlement for their current position. In cases where an employee is being involuntary discharged with less than two weeks' notice, the department head is responsible for completing the sign out process on behalf of the employee.

Managers are responsible for:

- Providing HR/Labor Relations with a copy of the employee's letter of resignation or the departmental written notice of termination to the employee.
- Completing the Termination Sign Out Form (page 4 of this document) with the employee for inclusion in the personnel file.
- The manager is responsible for distributing the Termination Law Notice to the employee
- Completing the termination transaction in the appropriate Information System (i.e. HRTS, Oracle, etc.) relevant to the employee. It will terminate the employee and forward final pay information to payroll.

SUBJECT NO.

HR-16.03

A department head/designee must complete the sign out process on behalf of an employee who has been involuntarily terminated. All other employees must personally complete the process with their Manager.

If a terminating employee is unable to personally sign out and requests that this be done on his/her behalf, the request must be made in writing and directed to the Manager. It must include the terminating employee's signature, address and telephone number. This request must be attached to the Sign Out Form for inclusion in the personnel file.

It is the Manager's responsibility to ensure that Health System property is returned before completing the termination transaction in the appropriate Information System so a final paycheck may be issued.

TERMINATION SIGN OUT FORM

Complete the following information:

| Name: | Employee No: | | | |
|-------------------------|-----------------------|-------------------|--|--|
| Department: | Job Title: | | | |
| Today's Date: | Date of Hire: | Termination Date: | | |
| Forwarding Address: | | | | |
| (Bldg. No./Street/Apt.) | (City/State/Zip Code) | | | |
| Telephone () - | Last Day Worked: | | | |

Managers are responsible for:

- Completing this Termination Sign Out Form and Checklist with the terminating employee.
- Provide a copy of this completed document to the employee and include the original in the employee's file.
- Ensuring that all Hospital property is collected and returned to the appropriate department(s).
- Completing the termination transaction in the appropriate Information System (i.e. HRTS, Oracle, etc.) relevant to the employee. The transaction will terminate the employee and forward final pay information to payroll. Final checks will be transmitted by either direct deposit or regular mail by Payroll.
 - ☐ Keys
 - □ Identification badge
 - Computer, laptop, cell phone, pager, collect passwords and logins
 - Corporate credit card
 - □ Uniforms, lab coat
 - □ All medical records completed (House Staff Only)
 - Revoke pharmacy access (RNs Only)
 - \Box Hospital housing or parking
 - □ Termination Law Notice

Manager Signature / Date

Employee Signature / Date