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

Employee Name:		Employee Number:
Department:		
Last Date of Earnings: (i.	e. reg. hours, sick, vacation)	
Reason for termination	Terminated by employer	
	Resigned	
	Leave of absence	
	Transferred to	(County Department)
	Disability with OPERS	(County Department)
	Retired with OPERS	(County Department) (Position title at disability retirement)
	Relifed Willi Of ERO	(Designer City of the Construction
	Other	(Position title at retirement) (Explanation & attachments, if applicable)
Note: The employee's c	ounty health insurance cov	separation to the Payroll Department of the County Audicopied to the employee's Human Resources department will end on the last day of the month in
Note: The employee's comployment terminated. to continuing health insur	ounty health insurance cov The employee will be notified	d copied to the employee's Human Resources depar
Note: The employee's continuing health insuring health insuring health insuring health insurinsurance convertibility.	ounty health insurance cov The employee will be notified ance. The employee must no	d copied to the employee's Human Resources departerage will end on the last day of the month in by the Health Insurance carrier providing options r
Note: The employee's comployment terminated. to continuing health insurinsurance convertibility.	ounty health insurance cov The employee will be notified ance. The employee must no	erage will end on the last day of the month in by the Health Insurance carrier providing options related the Life Insurance carrier as to options related
Note: The employee's comployment terminated. to continuing health insurinsurance convertibility.	ounty health insurance cov The employee will be notified ance. The employee must no	erage will end on the last day of the month in by the Health Insurance carrier providing options rotify the Life Insurance carrier as to options related
Note: The employee's ceemployment terminated. to continuing health insurinsurance convertibility. The Terminated Employee:	ounty health insurance cov The employee will be notified ance. The employee must no	erage will end on the last day of the month in by the Health Insurance carrier providing options rotify the Life Insurance carrier as to options related
Note: The employee's ceemployment terminated. to continuing health insurinsurance convertibility. The Terminated Employee:	ounty health insurance cov The employee will be notified ance. The employee must no	erage will end on the last day of the month in by the Health Insurance carrier providing options rotify the Life Insurance carrier as to options related ARTMENT HEAD'S SIGNATURE ALONE.
Note: The employee's continuing health insuring insurance convertibility. The Terminated Employee: Department Head:	ounty health insurance cov The employee will be notified ance. The employee must no HIS FORM IS VALID WITH THE DEPA	erage will end on the last day of the month in by the Health Insurance carrier providing options rotify the Life Insurance carrier as to options related ARTMENT HEAD'S SIGNATURE ALONE.
Note: The employee's continuing health insuring insurance convertibility. The Terminated Employee: Department Head:	Ounty health insurance covered the employee will be notified to ance. The employee must not start the employee must certify that the employee will be notified to start the employee must not start the employee mu	erage will end on the last day of the month in by the Health Insurance carrier providing options rotify the Life Insurance carrier as to options related ARTMENT HEAD'S SIGNATURE ALONE. Date Date
Note: The employee's continuing health insurance convertibility. The Terminated Employee: Department Head:	Ounty health insurance cov The employee will be notified ance. The employee must not HIS FORM IS VALID WITH THE DEPA Signature Signature ead must certify that the employee must not consider the control of the control	erage will end on the last day of the month in by the Health Insurance carrier providing options rotify the Life Insurance carrier as to options related ARTMENT HEAD'S SIGNATURE ALONE. Date Date ployee has been given a copy of this form.
Note: The employee's continuing health insurance convertibility. The Terminated Employee: Department Head:	ounty health insurance cov The employee will be notified ance. The employee must no HIS FORM IS VALID WITH THE DEPA Signature Signature FOR AUDITORS C (PLEASE INITIAL AND INTERPATE IN TO BE IN TO B	erage will end on the last day of the month in by the Health Insurance carrier providing options rotify the Life Insurance carrier as to options related art MARTMENT HEAD'S SIGNATURE ALONE. Date Date Double Discount of this form.

Payment of Unused Sick Leave Upon Separation of Service

Notice to Employee Terminating Employment Service with Fairfield County

This form must be completed	d and signed by employee before payment for unused sick leave balance will be made.
Name of Employee:	
Termination Date:	
Employees terminating employr statutes regarding unused sick	ment service with Fairfield County should be aware of the following policies and
0 0	ers Personnel Policy Manual, Section 4:14, states:
Upon retirement or resignatio employee may elect to be paid days of pay. This payment sha	n from active service with Fairfield County and total public service of at least five years, an for one-quarter (1/4) of their accrued sick leave balance up to a maximum of thirty (30) all be based on the employee's rate of pay at the time of retirement or resignation and s accrued but unused by the employee at the time the payment is made.
made only once to a Fairfield	nt will begin with a zero sick leave balance. Sick leave payment under this section may be County employee. An employee who qualifies for a payout must apply for such payment ration or forfeit right to a payout.
credited with his/her balance of a	s not to receive payment for unused sick leave upon retirement or resignation will be accumulated sick leave upon reemployment in another public agency within the State of a separation and reappointment does not exceed ten (10) years.
LISTED BELOW ARE DEP	PARTMENTS NOT UNDER FAIRFIELD COUNTY COMMISSIONERS POLICY:
Board of Elections Engineers (union & non-union)	After 5 years, 50% w/max of 60 days upon separation or retirement 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
FCDD	After 20 years, 50% w/max of 45 days upon resignation or retirement After 5 years full-time with the Board, 50% w/max of 50 days (lump sum payment made within 90 days of notice of retirement) upon retirement or death
Health Department Regional Planning Sheriff – Dept, Sgt, Lt Sheriff – Dispatchers Soil & Water	After 5 years, 25% w/max of 240 hours upon retirement After 10 years, 25% w/max of 30 days upon retirement After 5 years, 25% w/max of 240 hours upon separation or retirement After 10 years, 25% w/max of 30 days upon retirement After 10 years, 25% w/max of 30 days upon separation or retirement
Do you have the required numb	er 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 un	used sick leave by Fairfield County? YES / NO
If YES, then sign form below an	d STOP. If NO, then continue with election.
Employee Election (check one)	i d at this time for my unused sick leave balance, as described above.
I elect to not be	e paid at this time for my unused sick leave balance, as described above.
Employee Signature	Date

Revised 9/2016 2 Form# FCP-10