

# MEMORANDUM – Exit Packet

**TO:** Leader  
**FROM:** Human Resources  
**SUBJECT:** Exit Packet for Your Departing Employee

You (or your designee) have completed a termination **Electronic Personnel Action Form (EPAF)** which has initiated an employee exit workflow. This Exit Packet is to be used to facilitate the exit process when an employee is leaving the College either by voluntary or involuntary separation.

The workflow will notify the following departments that the employee is exiting and you will be asked to collect any property issued to the employee by San Jacinto College.

- TechSupport to disable network access and to inform you of items that need to be collected
- Purchasing to collect cell phone or P-card issued to the employee by this department
- Facilities to collect any keys or other property issued to the employee
- Marketing to identify if the employee is a website or social media content owner
- Human Resources and Payroll to process the termination transaction, compile and release the final wages owed to the employee

It will be the responsibility of the leader (or designee) to ensure that all property is collected. If there is no immediate leader, the next leader in the chain of command will assume the responsibility.

An Employee Exit Checklist is provided to you for your reference. An electronic version of the checklist will be recorded in the exit workflow. For **involuntary separations**, complete the exit process on the last day of employment as soon as the employee has been notified. For **voluntary separations**, complete the exit process as soon as practical but no later than three business days from the last day of employment.

To complete the exit workflow process, you will be asked to record that you have collected all property issued to the employee.

The following documents (**if applicable**) should also be attached to the exit workflow system to complete the exit process:

- A resignation/retirement letter (must be attached for voluntary separations)
- Confidential exit questionnaire (voluntary - see below)
- Sick Leave Bank Donation Form (provided in this packet)

The **Confidential Exit Questionnaire** should be given to employee that is **voluntarily** separating from the College. While the data on this form may be useful and the employee certainly is encouraged to respond, the completion of this form is optional and may be completed after departure. The information gained may be used to propose changes needed to encourage other productive employees to remain with the College. All responses will be used in a confidential manner to bring about a better workplace. The exiting employee may also elect to complete the **Confidential Exit Questionnaire** with Human Resources by scheduling an appointment by calling ext. 6115.

If you have any questions concerning the completion of these forms, please contact the Human Resources Office immediately at ext. 6115.

## **EMPLOYEE EXIT CHECKLIST**

**For your reference only – An electronic checklist will be recorded in the Exit Workflow System and will be forwarded to Human Resources to be placed in the employee file**

Name: \_\_\_\_\_ G #: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

The following items were received from the above employee at the time of his/her departure:  
(Please initial where appropriate.)

_____	Laptop or other equipment issued by ITS		
_____	Cell phone	_____	Keys
_____	Security access card	_____	District building alarm fob
_____	P-card	_____	Employee identification badge
_____	Library books	_____	Grade books
_____	Other (Please list)		
_____			
_____			

Marketing notified if employee is:

\_\_\_\_\_ Web Content Owner  
\_\_\_\_\_ Social Media Content Owner

If the employee has a new forwarding address, email or phone number, please ask the employee to email the updated information to [hr@sjcd.edu](mailto:hr@sjcd.edu) for processing.

**CONFIDENTIAL EXIT QUESTIONNAIRE**

**Voluntary separation only**

Name: \_\_\_\_\_ G #: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

**For All Employees:**

Please list the reason you are leaving your current position?

\_\_\_\_\_

What were the most important factors in deciding to take a new position? Salary? Benefits? Time off? Other? Please explain.

\_\_\_\_\_

If leaving to work for another employer, is there anything the new employer offers that San Jacinto College does not currently provide?

\_\_\_\_\_

Was there anything especially challenging that you experienced at the College?

\_\_\_\_\_

Was your departmental leadership effective? Please explain.

\_\_\_\_\_

Did you have adequate opportunities to communicate with your departmental leadership in their role? Please explain.

\_\_\_\_\_

Did you have adequate opportunities to communicate with your departmental leadership? Please explain.

\_\_\_\_\_

Was the level of work-life balance appropriate for you? Please explain.

\_\_\_\_\_

What did you like best about working at San Jacinto College?

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What did you like least about working at San Jacinto College?

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Would you consider working for San Jacinto College again in the future?

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Would you recommend San Jacinto College to prospective employees? If not, please explain.

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Do you have any suggestions for improvement or change?

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**For Faculty:**

What do you perceive to be the most critical issues in faculty development and retention?  
(Please explain each that applies.)

Examples may include:

- Teaching load
- Professional development support
- More time/support for academic pursuits
- Other (please specify)

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## SICK LEAVE BANK DONATION FORM

I, \_\_\_\_\_, voluntarily request that \_\_\_\_\_ hours of my  
(please print name)

sick hours be deducted from my accrued sick leave and be donated to the Sick Leave Bank.

*I understand that this is a voluntary transfer of my designated sick leave hours to the Sick Leave Bank. I understand that the sick leave contributed to the Sick Leave Bank may not be designated for use by a particular employee.*

*For terminating employees: As a terminating employee, I understand that I may voluntarily donate the balance of my sick leave hours to the Sick Leave Bank.*

Signature: \_\_\_\_\_

G#: \_\_\_\_\_

Date: \_\_\_\_\_

**Upon completion of this form, please attach this document to the exit workflow system for processing by the Human Resources Office**