

YOUTH SERVICES POLICY

TITLE: Employee Exit Processing	Type: A. Administrative Sub Type: 2. Personnel Number: A.2.35
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References: State Civil Service Rules, Chapter 15	
STATUS: Approved	
Approved by: <i>William A. Sommers, Deputy Secretary</i>	Date of Approval: 04/04/2022

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish a YS/OJJ employee exit process for the collection of information compiled by State Civil Service (SCS) for the purpose of identifying and addressing causes of turnover and implementing strategies to retain a professional, skilled and dedicated workforce; and to ensure proper closures within the agency are satisfied prior to exit.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Deputy Undersecretary, Chief of Operations, Probation and Parole Program Director, Secure Facilities Director, Executive Management Advisor, Regional Directors, Facility Directors, Regional Managers, and YS Human Resources Liaisons.

Each Unit Head shall ensure that all necessary procedures are in place to comply with the provisions of this policy.

IV. DEFINITIONS:

Office of Human Resources (OHR) – An office within the Division of Administration that oversees the Human Capital Management IT system and is responsible for all human resource functions – operations and benefits, compensation, staffing and employee relations.

Unit Head – Deputy Secretary, Facility Directors, and Regional Managers.

YS Central Office - Offices of the Deputy Secretary, Assistant Secretary, Undersecretary, Deputy Undersecretary, Chief of Operations, Probation and Parole Program Director, Secure Facilities Director, Executive Management Advisor, General Counsel, Regional Directors, and their support staff.

V. POLICY:

It is the Deputy Secretary's policy that exiting employees, with the exception of those outlined in Section VI.A below, complete the Office of Human Resources "Resignation and Exit Interview Report" form (see attached).

Further, all exiting YS/OJJ employee's shall complete the attached "Employee Exit Routing Form" [see Attachment A.2.35 (a)], to ensure appropriate closure throughout the agency.

VI. PROCEDURES:

A. SCS "Resignation and Exit Interview Report"

1. Employees who are terminating employment with YS/OJJ are expected to participate in an employee exit interview conducted through the unit's Human Resources Liaison.

The interview form **should not** be used for the following reasons:

- a. Death;
 - b. Dismissal;
 - c. Non-disciplinary Removal;
 - d. Layoff;
 - e. Separation from Probation; or
 - f. Termination of Temporary Appointment ended by the Deputy Secretary.
2. The Human Resource (HR) Liaison shall ensure all information is collected from the exiting employee on the interview report form.
 3. The employee's responses to the interview questions are confidential and shall not be disseminated except in the form of a report containing exit interview responses of other exiting employees. The report shall not reference any employee names.
 4. The unit's HR Liaison shall enter the information from the exit interview into the Human Capital Management system as required by SCS.
 5. Upon completion, the original "Resignation and Exit Interview Report" form shall be placed in the employee's personnel file, and a copy shall be forwarded to the OHR at DPS.

B. YS/OJJ “Employee Exit Routing Form”

ALL YS/OJJ exiting employees are required to complete the “Employee Exit Routing Form” to ensure that assigned equipment and proper closures have been satisfied throughout the agency.

1. The HR Liaison shall provide the employee with the “Employee Exit Routing Form” for completion and signature from the appropriate supervisor.
2. The exiting employee shall report to all applicable areas noted in the “Check-Out List” section of the form to complete closures and to obtain the initials/date of the employee providing the closure.
3. Upon completion of the form, the exiting employee shall provide the form to the appropriate supervisor for review and signature, and shall return the form to the HR Liaison for final completion.
4. The form shall be filed in the employee’s personnel file maintained at the unit level.

Previous Regulation/Policy Number: A.2.35

Previous Effective Date: 03/27/2019

Attachments/References: Resignation and Exit – Interview Form (SF-14)
A.2.35 (a) – Employee Exit Routing Form

EMPLOYEE EXIT ROUTING FORM

Facility _____ Regional Office _____

COMPLETED BY EMPLOYEE:

Name: _____ (Print) Personnel #: _____

Forwarding Address: _____

Forwarding Phone #: _____ Assigned Work Hours: _____

Position Title: _____

I am terminating my employment at _____, effective the close of business on ____/____/____. I certify that I have removed all of my personal possessions from the facility / regional office, and have not removed any state property.

_____/____/____

Employee Signature _____ Date _____ Supervisor Signature _____ Date _____

CHECK-OUT LIST

Please indicate that the above employee has fully satisfied your office regarding this check-out notification by **initialing and dating** this form. If not, please indicate the reason in the Comments section below.

Badge	_____	____/____/____	HR / Benefits	_____	____/____/____
ID Card	_____	____/____/____	Retirement	_____	____/____/____
Uniforms	_____	____/____/____	Disciplinary	_____	____/____/____
Payroll/Timekeeper	_____	____/____/____	Credit Union	_____	____/____/____
Business Office	_____	____/____/____	Cellular Device	_____	____/____/____
Investigations	_____	____/____/____	Radio	_____	____/____/____
Unit Keys	_____	____/____/____	Vehicle Keys	_____	____/____/____
Office Keys	_____	____/____/____	Wifi Device	_____	____/____/____
Laptop	_____	____/____/____	Firearm	_____	____/____/____
Chemical Agent	_____	____/____/____	Rubber Boots	_____	____/____/____
Response Team Go-Pack	_____	____/____/____	Other	_____	____/____/____
Special Agent / Commission Card	_____	____/____/____			

Property Control (tactical equipment, baton, ammunition, magazines, bullet-proof vest, flashlight, handcuffs, leg irons, tactical belt, eye protection goggles, ear protection, etc.) _____/____/____

Comments:

COMPLETED BY HR LIAISON:

Work Location: _____ Hire Date: ____/____/____

Type of Appointment: _____ Last Day Worked: ____/____/____

Reason for Separation: _____

Human Resources Representative: _____ (Print) Date: ____/____/____

SF-14 (R 09/10)

RESIGNATION AND EXIT INTERVIEW REPORT

PART A (TO BE COMPLETED BY EMPLOYEE)

CHECK PRIMARY REASON FOR RESIGNATION (Place any additional comment(s) under Remarks)

<input type="checkbox"/> Resign Work-related <ul style="list-style-type: none"> ▪ Lack of Promotional Opportunities ▪ Lack of Training ▪ Job Security ▪ Work Not Interesting ▪ Relationship with Fellow Employees ▪ Relationship with Supervisors ▪ Excessive Work ▪ Insufficient Work ▪ Physical Conditions of Work 	<input type="checkbox"/> Resign Personal <ul style="list-style-type: none"> ▪ Poor Health ▪ Maternity ▪ Marriage ▪ Moving to Another Area ▪ To Attend School ▪ Military ▪ Transportation ▪ Home Responsibilities ▪ Business Responsibilities ▪ Better Job/Other Industry
<input type="checkbox"/> Resign Pay Reasons <ul style="list-style-type: none"> ▪ Insufficient Pay ▪ Better Pay Private Industry 	<input type="checkbox"/> Resign Reason Not Stated
<input type="checkbox"/> Resign Shift/Locale/Housing <ul style="list-style-type: none"> ▪ Shift Work ▪ Location of Work ▪ Housing Facilities 	<input type="checkbox"/> Retirement

**MOVEMENT WITHIN STATE GOVERNMENT
(CHECK BELOW, IF APPLICABLE)**

TO ACCEPT NEW PROBATIONAL APPOINTMENT
 TO ACCEPT A NEW CLASSIFIED APPOINTMENT (OTHER THAN PROBATIONAL) OR AN UNCLASSIFIED APPOINTMENT
 TRANSFER OUT TO ANOTHER DEPARTMENT/AGENCY (LATERAL OR WITH PROMOTION, DEMOTION)

REMARKS

EMPLOYEE NAME	DEPARTMENT/AGENCY		
POSITION TITLE	RESIGNATION EFFECTIVE	DATE	TIME
EMPLOYEE PERSONNEL NUMBER	EMPLOYEE SIGNATURE	DATE	TIME

PART B Appointing Authority Acceptance and Agency Comments

ACCEPTED BY APPOINTING AUTHORITY	DATE	TIME
AGENCY COMMENTS BY	DATE	

THIS FORM SHOULD NOT BE USED FOR THE FOLLOWING REASONS: DEATH, DISMISSAL, NON-DISCIPLINARY REMOVAL, LAYOFF, SEPARATION FROM PROBATION, OR TERMINATION OF TEMPORARY APPOINTMENT ENDED BY THE APPOINTING AUTHORITY