NEVADA DEPARTMENT OF AGRICULTURE
EMPLOYEE TERMINATION
POLICY #AG-1-HR-18

PURPOSE:

To establish procedures for handling all termination processes required when an employee is leaving employment with the Department of Agriculture.

POLICY:

It is the policy of the Department of Agriculture that when an employee is leaving employment with the Department of Agriculture, that procedures outlined in this policy be followed in order to ensure all necessary steps have been completed in the termination process.

SCOPE:

This policy applies to all Department staff with responsibilities in the processes required in termination of employees.

REFERENCES:

Nevada Revised Statutes (NRS) 284.380, 284.381, 286.3007, and 286.430 and Nevada Administrative Code (NAC) 284.602, 284.608, 284.646; and this policy.

RESPONSIBILITY:

1. Employees shall be responsible for:
    a. Complying with the guidelines and instructions provided by their supervisor and Agency HR Services (AHRS).

2. Supervisors and/or Division Administrators shall be responsible for:
    a. Consistently following the procedures outlined in this policy.
    b. Notifying AHRS immediately of anticipated employee termination and following instructions and guidelines provided by AHRS.

3. Agency Human Resource Services (AHRS) shall be responsible for:
    a. Providing assistance to employees, supervisors and managers in the interpretation and application of this policy.
    b. Completion and processing all necessary termination paperwork, including working with agency payroll clerk, other agency personnel representatives (when pertinent), Public Employees' Retirement System (PERS), Public Employees' Benefit Program (PEBP) or other applicable sources.

FORMS:

Department of Human Resource Management (DHRM) Form NPD-45 "Resignation From State Service Or Notice Of Transfer" and Department of Agriculture's "Employee Termination Checklist" Form.

PROCEDURES:

When an employee is voluntarily terminating employment with the Department, the employee's supervisor or administrator shall complete the following steps in the order outlined:

1. Notice of Resignation or Transfer: The employee should, whenever possible, provide at least 2 weeks notice when terminating employment, except in circumstances where the appointing authority and employee have agreed on a shorter period of time.

2. Completion of NPD-45 Form: Whenever possible, the employee should complete the NPD-45 form, "Resignation from State Service or Notification of Transfer to Another Agency" and the appointing authority shall sign and date the form as acceptance of the employee's notice. The completed form should be forwarded to AHRS as soon as possible. This form:

    a. Advises the employee that he or she may not revoke the notice of termination once three (3) or more working days has elapsed;

    b. Advises the employee of his or her rights as a transfer; and

    c. Provides needed employee information for AHRS to process the appropriate paperwork.

    d. If the employee does not complete the form, the employee's original written notification must be forwarded to AHRS.

3. AHRS Will Process All Employee Termination Documents: Upon receiving notification from the department appointing authority, AHRS will complete all documents and make all contacts necessary for the employee's termination or transfer/promotion to another state agency.

4. Notification to Payroll Clerk: The supervisor shall also notify the Department Payroll Clerk of the employee's notice to terminate employment and the employee's last working day. This notification will allow the payroll clerk to:

    a. Determine the status of any outstanding travel advances or other payments to be calculated on the employee's final paycheck.

b. Begin calculations on any annual, sick, or other leave payoffs due.

5. Completion of Employee Termination Checklist: On or around the employee's last day worked, the supervisor and the employee will complete the Department's Employee Termination Checklist form.

   a. The supervisor will complete Section A, which acknowledges the employee has returned:
      i. State gas and all other agency credit cards;
      ii. Telephone credit card;
      iii. Cell phone;
      iv. Keys (building, desk, file and agency vehicle and gas);
      v. Employee ID badge; and
      vi. All equipment assigned to employee (i.e., laptop, cameras, etc.).

   b. The supervisor will review the information in Section B with the employee and determine the following:
      i. Has final timesheet been submitted and approved?
      ii. Any outstanding travel advances or other costs employee needs to reimburse (supervisor notifies payroll clerk).
      iii. Any travel claims or other reimbursements due the employee (supervisor notifies payroll clerk).
      iv. If employee is transferring to another agency, what leave is being transferred and what must be paid by the Department (i.e., comp leave balance)?
      v. The employee will provide a forwarding address where the final pay check and W-2 form should be mailed.

   c. When the employee is in the PERS and is terminating from state service, if he or she is requesting a refund of employee contributions. (Employee should contact AHRS and PERS for assistance).

   d. Has employee requested an exit interview with the Director? (Employee may also complete the "Employee Exit Interview Survey" at the DHRM's website).

   e. The employee and the supervisor sign the Termination Check List acknowledging agreement with what has been completed on the form.

   f. The supervisor submits the completed form to AHRS to be filed in the employee's personnel jacket.

   g. The supervisor promptly advises the IT department of the employee's termination and returns any IT equipment and ID badge used by the employee. IT will remove the employee's department workstation and network access.

h. All department credit cards and department cell phone are returned to the Division Administrator.

i. **Important Note:** Per NAC 284.726, if an employee anticipates a need for a reference to be provided by the supervisor or department representative, he or she must provide a written waiver authorizing release of confidential information. This waiver will be kept in the employee's personnel file in the department.

POLICY COMMUNICATION:

All supervisors and managers of the Department of Agriculture will be provided with a copy of this policy. Any supervisor needing clarification on any portion of the termination process should contact AHRS for assistance.

DIRECTOR'S POLICY AUTHORIZATION:

Jim R. Barbee, Director

3/28/13
Date

APPROVED BY THE BOARD OF AGRICULTURE ON March 26, 2013.
Effective Date

This policy is not a substitute for relevant law or regulation nor does it establish additional rights beyond those provided in law and regulation. This policy is intended to be used in conjunction with the state law and the Rules for State Personnel Administration (NRS & NAC 284).

DEPARTMENT OF AGRICULTURE
EMPLOYEE TERMINATION CHECKLIST

Employee Name/ID #:_____
Effective Date of Termination: _____

Check each box and sign each section as appropriate. Upon completion, form should be submitted to Agency HR Services for retention in employee's personnel jacket.

A. TO BE COMPLETED BY SUPERVISOR WITH EMPLOYEE SIGNATURE ACKNOWLEDGEMENT:

Initial

_____ Agency Travel Card(s) returned (Specify):_____
_____ Telephone Credit Card returned: _____
_____ Cell phone returned
_____ Employee ID Badge returned
_____ Keys (building, desk, file and agency vehicle and gas) returned
_____ Equipment assigned to employee returned: Specify: _____

_____

_____ _____
Employee Signature Date

B. FINAL PAY CALCULATION:

Supervisor must verify status with Payroll Clerk:

_____ Final NEATS timesheet submitted _____
Employee Signature Date

_____ Final NEATS timesheet approved _____
Supervisor Signature Date

_____ Outstanding travel advances or other costs to be reimbursed by employee.
_____ Travel claims or other cost reimbursements due employee.
_____ Final Pay Check will be picked up by employee; OR
_____ Final Pay Check to be Mailed to employee's address (if change of address, Indicate change of address below:

_____
_____

_____ (If requested), an exit interview has been completed with the Director. Employee may also complete the "Employee Exit Interview Survey" at http://www.zoomerang.com/survey.zgi?p=WEB227A536D4S6

_____ _____
Supervisor's Signature (required) Date