

**STATE BOARD FOR TECHNICAL AND COMPREHENSIVE EDUCATION**

**PROCEDURE**

**PROCEDURE NUMBER:** 8-8-100.1

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**TITLE:** TERMINATION PRACTICES

**POLICY  
REFERENCE NUMBER:** 8-8-100

**DIVISION OF  
RESPONSIBILITY:** Human Resource Services

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**DATE OF LAST REVISION:** November 12, 2013

**DISCLAIMER**

**PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE SC STATE BOARD FOR TECHNICAL AND COMPREHENSIVE EDUCATION / THE SC TECHNICAL COLLEGE SYSTEM. THE STATE BOARD FOR TECHNICAL AND COMPREHENSIVE EDUCATION/THE SC TECHNICAL COLLEGE SYSTEM RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

**I. Voluntary Termination**

1. Employees are encouraged to provide a written letter of resignation containing the employee's name, position, and the effective date of termination. A letter of resignation by a terminating employee, if provided, will be given to the employee's immediate supervisor who shall forward to the Human Resource Office.
2. Upon receipt of an employee's notification of resignation, the appropriate System Office/College official shall accept the resignation on behalf of the System Office/College in the same manner as provided, whether written or oral, and an oral acceptance of a resignation should be generally confirmed in writing.

*Date of Last Review: November 12, 2013*

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3. Upon receipt of a copy of the letter of resignation, a Human Resource representative will notify the employee regarding the exit interview process and will provide a termination checklist and termination questionnaire for completion.
4. The terminating employee will contact the Human Resource Office to schedule an exit interview to review the termination checklist (Addendum 1) and termination questionnaire (Addendum 2). The employee is encouraged to complete the termination questionnaire prior to his/her appointment with the Human Resource representative.
5. On the appointed date, the Human Resource representative and the terminating employee will review the termination checklist. The Human Resource representative will review the termination checklist and termination questionnaire for completion. The Human Resource representative will also answer any questions the employee may have concerning his/her personnel records and benefits.
6. The Human Resource representative will file the terminated employee's termination checklist and termination questionnaire in an appropriate manner. The data from the termination questionnaire will be analyzed periodically and should be used as a management tool to reduce employee turnover if problem areas are identified.
7. Transferring to another state agency within fifteen (15) days with no annual leave payout will not constitute a break in service.
8. There is no ability to rescind a resignation once it has been accepted, unless a System/College President consents.
9. There are no grievance rights if the employee submits a letter of resignation. If the employee resigns in lieu of termination, he or she would be considered to have submitted a voluntary resignation.

## II. Involuntary Termination

When an employee in a full-time employment (FTE) position has been involuntarily terminated for cause, the Human Resource representative and the terminated employee or his/her immediate supervisor, depending on the case, will do the following:

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1. The Human Resource representative should complete a termination checklist (Addendum 1) which specifies the reason for dismissal. The Human Resource representative will file the checklist in an appropriate manner.
2. The Human Resource representative should analyze the data from the involuntary termination checklists periodically and provide any significant findings to the System/College President or designee.
3. Employees who have attained covered status may access the State Employee Grievance Process. (See Procedure 8-6-100.1). Employees who are still in probationary status do not have grievance rights. (See Procedure 8-6-100.1)

### III. Temporary & Temporary Grant Separations

For termination of employment for persons occupying temporary or temporary grant positions, see Procedures 8-7-100.2 and 8-2-108.1.

**ADDENDUM 1**  
**(SAMPLE)**

A termination checklist will ensure that the employee has been briefed on his/her termination of benefits and that all property and records of the institution have been returned. Actual format and practices may vary from college to college based on varying conditions and needs.

Date \_\_\_\_\_

**TERMINATION CHECKLIST**

PART I      Employee's Name \_\_\_\_\_ SSN/ID \_\_\_\_\_  
Position \_\_\_\_\_  
Termination Date \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

PART II      Employee's Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Transfer: Yes \_\_\_\_\_ No \_\_\_\_\_ Agency \_\_\_\_\_  
If another state agency Where: \_\_\_\_\_  
Pay accumulated annual leave: Yes \_\_\_\_\_ No \_\_\_\_\_  
Amount: \_\_\_\_\_ Hours \_\_\_\_\_ \$ \_\_\_\_\_  
Donate unused leave: Annual/Faculty Non-Work: Hours: \_\_\_\_\_ \$ \_\_\_\_\_  
Sick: Hours: \_\_\_\_\_ \$ \_\_\_\_\_  
Retirement form: \_\_\_\_\_ Withdraw \_\_\_\_\_ Transfer \_\_\_\_\_  
Insurance conversion: Yes \_\_\_\_\_ No \_\_\_\_\_ Transfer: Yes \_\_\_\_\_ No \_\_\_\_\_  
COBRA Information: Yes \_\_\_\_\_ No \_\_\_\_\_

**ADDENDUM 1**  
**(SAMPLE)**

Security keys and identification badges returned: Yes\_\_\_\_ No\_\_\_\_ N/A\_\_\_\_ \*

Termination Questionnaire: \_\_\_\_\_

Tools and equipment: \_\_\_\_\_ \*

**PART III** (For Institutional Use)

Expense accounts \_\_\_\_\_

Parking tickets \_\_\_\_\_

Computer Account Access: \_\_\_\_\_

Library fines \_\_\_\_\_

Books (property of Institution) \_\_\_\_\_

Library loans and media equipment \_\_\_\_\_

Grades and roll books \_\_\_\_\_

Student information \_\_\_\_\_

Committee files \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_

\* These items may or may not be collected by the interviewer. It will be necessary for the System Office/College to ensure that items issued to the employee are collected and accounted for on or before the employee's last day.

## ADDENDUM 2 (SAMPLE)

A termination questionnaire is designed to obtain the reason for separation, employee's opinions about his or her job, and the employee's overall opinions of the college or agency. The Human Resources office should summarize data from the questionnaire periodically to determine if potential problem areas exist that might cause excessive turnover in personnel. Actual format and practices may vary from college to college based on varying conditions and needs.

### TERMINATION QUESTIONNAIRE

1. When you were first employed by \_\_\_\_\_ were the duties and responsibilities of your job clearly explained to you?

Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

2. Which of the following factors contributed toward your decision to leave?

- |  |  |
|--|--|
| <input type="checkbox"/> Commuting distance  | <input type="checkbox"/> Mutual agreement                            |
| <input type="checkbox"/> Compensation        | <input type="checkbox"/> Personal reasons                            |
| <input type="checkbox"/> Family problems     | <input type="checkbox"/> Promotional opportunity                     |
| <input type="checkbox"/> Fellow employees    | <input type="checkbox"/> Retirement                                  |
| <input type="checkbox"/> Health reasons      | <input type="checkbox"/> Return to school                            |
| <input type="checkbox"/> Hours               | <input type="checkbox"/> State policies                              |
| <input type="checkbox"/> Illness in family   | <input type="checkbox"/> Supervision                                 |
| <input type="checkbox"/> Inadequate training | <input type="checkbox"/> To take care of children<br>or housekeeping |
| <input type="checkbox"/> Location            | <input type="checkbox"/> Transportation problems                     |
| <input type="checkbox"/> Marriage            | <input type="checkbox"/> Type of work                                |
| <input type="checkbox"/> Maternity           | <input type="checkbox"/> Working conditions                          |
| <input type="checkbox"/> Military reasons    | <input type="checkbox"/> Other                                       |

3. If you have accepted another position, will you be performing the same type of work?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please specify \_\_\_\_\_  
\_\_\_\_\_

4. Does your new position offer you:

- | YES                      | NO                                     | YES                      | NO  |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Better future | <input type="checkbox"/> | <input type="checkbox"/> Less strenuous work    |
| <input type="checkbox"/> | <input type="checkbox"/> Better hours  | <input type="checkbox"/> | <input type="checkbox"/> Return to former trade |
| <input type="checkbox"/> | <input type="checkbox"/> Higher pay    | <input type="checkbox"/> | <input type="checkbox"/> Other                  |

**ADDENDUM 2**  
**(SAMPLE)**

(specify): \_\_\_\_\_

5. What did you like most about your job or department? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

And what did you like least? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Did you feel your efforts made an important contribution:

(a) to the System Office/College?

1. ( ) Almost always    2. ( ) Sometimes    3. ( ) Seldom  
4. ( ) Never            5. ( ) Don't know

(b) to your Department?

1. ( ) Almost always    2. ( ) Sometimes    3. ( ) Seldom  
4. ( ) Never            5. ( ) Don't know

7. Were you kept informed of changes in policies and practices:

(a) System Office/College?

1. ( ) Yes            2. ( ) No            3. ( ) Unimportant to me

(b) in your Department?

1. ( ) Yes            2. ( ) No            3. ( ) Unimportant to me

## ADDENDUM 2 (SAMPLE)

8. Was the amount of work you were expected to do:
- a.  Too much for one person.
  - b.  Occasionally heavy, but about right most of the time.
  - c.  Just right. Not under worked or overworked.
  - d.  Not enough. Did not fully take up time.

9. How would you rate the college (C) and/or department (D) on each of the following points?

	Excellent		Good		Fair		Poor		No Opinion	
	C	D	C	D	C	D	C	D	C	D
(a) Fair and equal treatment by management										
(b) Provides recognition on the job										
(c) Development of cooperation and team work										
(d) Resolving complaints and problems										
(e) Communications with employees										
(f) Communications within department										
(g) On-the-job training										
(h) Rate of pay for your job										
(i) Employee benefits										
(j) Chances of advancement										
(k) Access to information needed to do your job										
(l) Management responsive to your ideas										
(m) Other (specify)										

10. Are there any other comments you would like to provide? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature (Optional): \_\_\_\_\_