



# Rancho Los Amigos National Rehabilitation Center

## ADMINISTRATIVE POLICY AND PROCEDURE

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SUBJECT: TERMINATION/TRANSFER

Policy No.: A254  
Supersedes: July 31, 2003  
Revision Date: July 8, 2013  
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### PURPOSE:

To define procedures for employees terminating County service or transferring from Rancho Los Amigos National Rehabilitation Center.

### PROCEDURE:

#### Voluntary Termination Form

Upon completion of the Voluntary Termination form (Attachment I) by the employee, the employee's supervisor must sign and return it to the employee. The employee is then instructed to return the form to the Human Resources office for processing. The Voluntary Termination form may be obtained from the employee's supervisor, Human Resources, or via Rancho's Intranet.

#### Employee Clearance Form

The Employee Clearance form (Attachment II) is obtained from the employee's supervisor, Human Resources, or via Rancho's Intranet.

On the employee's last day of work, the supervisor collects all County or personal property, including the final timesheet. The supervisor signs and dates the clearance form and returns it to the employee. The employee is then instructed by the supervisor to clear the following departments/services:

- Information Systems
- Rancho Library
- Lock Shop
- Health Information Management (Physicians only)
- Medical Imaging (Physicians only)
- Occupational Health Services
- Human Resources

After obtaining clearance from the above departments, the employee terminating County service or transferring from Rancho must submit the Voluntary Termination Form and Employee Clearance form to Human Resources.

Human Resources will advise the employee of the options for disposition of the final payroll warrant and the employee will indicate his/her option on the reverse side of the Employee Clearance form. A copy of the County of Los Angeles Pension Savings Plan Brochure will be given to any terminating employee who is on, or previously held, a temporary position.

**Final Timesheet**

On the employee's last day, the employee shall complete his/her timesheet and submit it to the supervisor for verification and electronic signature. The supervisor will review the final timesheet before the employee terminates service or transfers.

**Supervisor Responsibility**

If the employee is unable to complete the aforementioned forms, it becomes the responsibility of the supervisor to ensure the process for termination or transfer is complete.

**Department Head Responsibility**

Each Department Head is responsible for the recovery of any items issued to the employee.

**Attachments**

**REFERENCE:** Department of Health Services, Policy No. 722  
Department of Health Services, Policy No. 724  
Timekeeping Operational Manual

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COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

VOLUNTARY TERMINATION

TQ : SUPERVISOR

FROM: \_\_\_\_\_ ' EMPLOYEE  
# \_\_\_\_\_

I, \_\_\_\_\_ do,  
hereby voluntary resign from the position of \_\_\_\_\_  
effective (date) \_\_\_\_\_' at the end of the shift

This resignation is freely and voluntarily submitted

The reason (s) for my resignation is:

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

I fully understand that once this resignation has become effective or has been accepted by the appointing power, it may not be withdrawn without the consent of the appointing power

Submitted, Date \_\_\_\_\_ Employee's Signature \_\_\_\_\_  
Employee's Address \_\_\_\_\_

Accepted, Date \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_

Received by Personnel Office \_\_\_\_\_

EMPLOYEE CLEARANCE

Employee name: \_\_\_\_\_ Effective Date (at end of shift): \_\_\_\_\_  
Employee Number: \_\_\_\_\_  
Position: \_\_\_\_\_ Dept: \_\_\_\_\_ P/L \_\_\_\_\_

Employee *You must take this form to the departments listed below. If you have lost your ID, any keys or your parking permit, you must pay the fine(s) at the Cashier (Bldg. 100, Room 120) and provide the receipt. Please submit this completed form to Human Resources at the time of clearance.*

EMPLOYEE'S SUPERVISOR The above-named employee has been released from R LAN.R C accountability for the following items:  
Uniforms, Protective Garments, Tools, Equipment, and any County property  
Attention Supervisor: Employee may submit last time card in a sealed envelope to Human Resources along with clearance sheet, or supervisor must submit last time card to Human Resources within 24 hours of employee's effective date.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EMPLOYEE'S HEALTH RECORDS Occupational Health Services- Building 700, Room 125  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOOKS AND PERIODICALS Rancho Library- Support Services Annex, Room 1109  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INFORMATION SYSTEMS Rancho Library- Support Services Annex, Room 1109  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LOCKSHOP Lock Shop- Building 603 E (Employees must call ext 8280, before arriving.)  
Hours: 7:00 a.m - 12:00 p.m  
D Keys  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPLETION OF RECORDS (Physicians Only) Health Information Management- Building 603  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEDICAL IMAGING (Physicians Only) Medical Imaging Department- Building 100, Room SP 144 (Comarr Clinic Area)  
I certify that no x-ray film for the above employee is currently checked out from the Film Library  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HUMAN RESOURCES Human Resources - Building 500, Room 75  
D Pension Savings Plan Brochure Receipt of Acknowledgment (for temporary or previously temporary employees)  
DID. Badge ("Fee PAID, if lost) D Parking Permit ("Fee PAID, if lost)  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Employee Clearance (continued)

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How would you like your final pay\* (pay for eligible vacation, sick time, overtime, etc.) processed? (Please allow approx 4- 6 weeks)

Through the mail                       Pick up

\* Final pay will be issued with a hard check

How would you like your last pay check (Regular Earnings) processed?

Through the mail                       Pick up

Are you on Direct Deposit?  Yes                       No

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PLEASE COMPLETE THE FOLLOWING (which will be updated in CWTAPPS):

Mailing Address:

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Home Phone No : (        ) \_\_\_\_\_                      New Work Phone No.: \_\_\_\_\_

*I certify that all accounts incurred or contracted by me in connection with my employment at Rancho Los Amigos National Rehabilitation Center have been fully satisfied or settlement has been arranged*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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