

Exit Interview

Check List

Name: _____ Date Exit Interview Scheduled: _____

Separation/Retirement Date: _____

Reason for Leaving (circle one): **Retirement** **Resignation** **Termination** **Other:** _____

____ **Health Benefits (COBRA)**

____ **Life Insurance Continuation**

____ **Pension (transfer, withdrawal, rollover)**

____ **Vacation**

____ **Sick Time (SCOR for non-faculty retirement only)**

____ **State Agency Transfer (pension transfer, sick transfer, life insurance)**

____ **Unemployment Employer's Form**

____ **Conflict of Interest Form**

____ **Returning to work after Retirement**

____ **Retrieval of Rowan University ID**

Do you have an Expense Credit Card, if yes was it returned?

Yes Date _____

No

Keys Returned to Cassidy Building

Yes

No

Do you have any other University Property, if yes was it all returned?

Yes Date _____

No

Parking gate card returned to Parking Services

Yes

No

New Mailing Address:

I _____ certify that the above information was discussed with me and that I (circle one) have/will return all keys and University property issued to me on or before my last day of work

Signature: _____ Date: _____

2/6/2017

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS
ALTERNATE BENEFIT PROGRAM

INTEROFFICE Use Only
ABP# _____

LEAVE OF ABSENCE OR TERMINATION OF EMPLOYMENT

EMPLOYEE SECTION

This is to advise you that:

NAME: _____

MAILING ADDRESS: _____

ABP MEMBERSHIP NUMBER: _____

ASSIGNED BY DIVISION OF PENSIONS AND BENEFITS

SOCIAL SECURITY NUMBER: *(last four digits only)* _____

ANNUAL SALARY: \$ _____

EMPLOYER SECTION

Employee has ceased contributing to the Alternate Benefit Program because of:

ADJUNCT EMPLOYEE: from: _____ to: _____

LEAVE OF ABSENCE:

Reason for Leave of Absence: _____

granted **with** pay effective: _____ through: _____

granted **without** pay effective: _____ through: _____

TERMINATION OF EMPLOYMENT— effective: _____

Reason for termination: _____

INVESTMENT CARRIER(s): _____

SUSPENSION: from: _____ to: _____

LOCATION NAME: _____ **LOCATION #:** _____

LOCATION PHONE NUMBER: _____

EMPLOYER SIGNATURE: _____

SIGNATURE OF CERTIFYING OFFICER

DATE

INSTRUCTIONS FOR CLAIMING UNEMPLOYMENT BENEFITS

Section 1 – Notice to Employer

YOU ARE REQUIRED, under section 6 (a) of the Unemployment Compensation Law of New Jersey and under Employment Security Rule N.J.A.C. 12:17-3.1 to complete this form and provide it to any worker who is separated (either permanently or temporarily) from work for any reason.

1. Employer Name and Address:

Rowan University

201 Mullica Hill Road, Linden Hall

Glassboro, NJ 08028

2. New Jersey Employer Identification No.: 410

3. Employer Telephone No.: (856)-256-4134

4. Work location (if different than above):

5. Date of Separation:

6. Separation is: Permanent Temporary If Temporary, expected Recall Date:

Section 2 – Notice to Worker

In order to be considered for unemployment insurance benefits, you must file an unemployment claim. No benefits can be paid to you for any week before you actually file your unemployment insurance claim. **Failure to file your claim or delaying the filing could affect your eligibility for benefits. You should always file your claim as soon as possible after becoming unemployed. You will not be considered eligible until your claim is filed.**

When you file the claim, be sure to have available your Social Security number and the complete, name, address, and telephone number of each employer that you worked for in the past 18 months.

You may apply for unemployment benefits on the Internet, 24 hours a day, seven (7) days a week at www.njuifile.net or you may telephone a Reemployment Call Center. The Reemployment Call Centers are open during regular business hours, Monday through Friday, excluding holidays.

Union City Call Center	(201) 601-4100
Freehold Call Center	(732) 761-2020
Cumberland Call Center	(856) 507-2340
Out-of-State Claims	(888) 795-6672

TTY users can contact the department through New Jersey Relay: 7-1-1

Workers Who Are Unemployed Due to a Vacation Shutdown: You should apply for unemployment benefits if you are receiving vacation pay in an amount less than your full-time wages, you have not refused any offer of suitable work for the vacation period and you are ready and willing to work during the vacation period.

****Please make certain to have this form available when you file your unemployment insurance claim.***



Memorandum

To: Terminating Employees
From: Office of Human Resources
Re: New Jersey Conflicts of Interest Law

Under the provisions of New Jersey Statutes 52:13D-17, there are restrictions on the post-State employment of terminated employees, when such new employment could be construed as coming under the "Conflict of Interest" laws of the State of New Jersey.

In essence, the law provides that after termination from employment with the State of New Jersey, no person may appear for or negotiate on behalf of, or agree to represent any person or party other than the State of New Jersey on matters which the employee may have conducted investigation on, rendered a ruling on, or given an opinion.

The law provides penalties for willful violation of the "Conflict of Interest" statute of a fine not to exceed \$1,000.00 or imprisonment not to exceed sixth months, or both.

Under State regulations, we are obliged to alert you to the provisions of this law because of your termination or pending termination.

If you have any questions on the provisions of this law, or desire further clarification, you should address your inquiry to:

Executive Commission on Ethical Standards 28 W. State Street
Room 1407
P.O. Box 082
Trenton, NJ 08265
(609) 292-1892
Fax (609) 633-9252



State of New Jersey — Department of the Treasury
 Division of Pensions and Benefits
 PO Box 295
 Trenton, NJ 08625-0295
 (609) 292-7524

Alternate Benefit Program WITHDRAWAL REQUEST ACKNOWLEDGEMENT RECEIPT

It is important that you read and understand the contents prior to making any decisions regarding elections to withdraw 401(a) contributions.

TO BE COMPLETED BY ABP MEMBER. PLEASE PRINT.

1. Name: _____ 2. Date of Birth: ____/____/____
MM DD YYYY

3. Social Security No.: _____ 4. Member No.: _____
Last 4 digits

5. Resigned Dismissed Retired Date: ____/____/____
MM DD YYYY

RETIREMENT AND CASH DISTRIBUTIONS

A member of the Alternate Benefit Program (ABP) becomes eligible to commence distributions at any age upon severance from employment or retirement. Members may receive benefits in the form of an annuity or cash distribution. Annuity benefits will be calculated by the Designated Service Provider (DSP) based upon the account accumulation, life expectancy, and the distribution option selected. Cash distributions to members under the age of 55 are limited to their employee contributions and accumulations. The remaining employer contributions and earnings are available for distribution upon attaining age 55. Participation in the Alternate Benefit Program shall terminate and the individual shall be considered retired once he or she has elected to receive a cash distribution of the value of his or her accounts in a direct payout as a cash distribution, a rollover, or an annuity (or a combination of these distributions). **The member is considered retired and is not eligible to enroll in any New Jersey State-administered retirement system, nor are they eligible to reenroll in or receive any other benefits afforded under the Alternate Benefit Program. This includes Long Term Disability.**

I hereby acknowledge that I have been counseled regarding my election to withdraw funds from my mandatory 401(a) account.

Signature: _____
(You must sign here) Date