Sacramento City College
Campus-Wide Issue/Concern Form (Part I)

Committee or Individual: Classified Senate
Issue/Concern: Exit Process Policy
Signature of Initiator(s): Robert D. Kelly

A. Describe the issue/concern:

Employees continually leave the Los Rios Community College District with keys, parking permits, library cards, library books, and other district property. There is no vehicle to stop them from doing this. This has a financial and security impact on the campus.

B. What do you recommend or suggest solving this issue/concern?

Establish an Exit Process Policy that requires all areas of concern to sign off the individual before they leave employment.

C. How will this recommendation support the success of SCC student and benefit the campus community?

Increased security, less impact on campuses financially, that are forced to spend dollars replacing keys, parking permits, and library books, and to assure that student grades are submitted.

Please return this form to the Process Coordinator, Nelle Moffett, RN 221. The Initiator will be notified within 5 working days as to the committee or council that will review this issue/concern.

Date received by Process Coordinator: 6/10/04
Date Initiator Notified: 6/14/04
Forwarded to: Executive Council

Official Use Only
Date: 6/14/04
Tracking #: 04-05-01

Revised: 4/25/02
LOS RIOS COMMUNITY COLLEGE DISTRICT
Resignation/Retirement

Date: ___________________________  Emp. ID#: ___________________________

EMPLOYEE TYPE:  □ Classified  □ Management  □ Faculty

LOCATION:  □ ARC  □ CRC  □ DO  □ FLC/EDC  □ FM  □ Ethan Way  □ SCC  □ Other ____________

I, ______________________________, wish to resign/retire from my position as ________________

(Please print your name)  (My supervisor is ________________________________)

It is necessary for me to request this resignation/retirement for the following reason:
(Please check the primary reason)

□ Retirement  □ Career change  □ To further education/training

□ Health Reasons  □ Schedule conflict  □ Personal

□ Relocation  □ Other (please specify) ________________________________

Last day worked: ________________

My forwarding address will be: ________________________________

Street  City  State  Zip Code

Employee’s Signature ___________________________  Date ________________

Note: The Board of Trustees authorizes the Chancellor to accept an employee’s resignation and such acceptance shall be binding at the time of receipt by the Chancellor or designee except where otherwise provided in a collective bargaining agreement.

□ Yes □ No □ NA – Identification Badge (ID) collected and destroyed (if applicable)

□ Yes □ No □ NA – Security notified that the employee no longer has building access effective ________________ (date)

□ Yes □ No □ NA – Keys/entry devices collected

□ Yes □ No □ NA – Equipment collected (technology provided for ADA compliance, computers if checked out, curriculum materials, police officers’ equipment/uniform, pagers, etc.) specify ________________________________

□ Yes □ No □ NA – E-mail/PeopleSoft notifications provided

□ Yes □ No □ NA – Final absence report submitted

Supervisor/Administrator’s Signature ___________________________  Date ________________

Appropriate Vice President ___________________________  Date ________________

Date of Board Action: ____________________________

PLEASE REVIEW THE REVERSE OF THIS FORM FOR IMPORTANT INFORMATION