



POLICY: Voluntary Resignation

<i>Original Implementation Date:</i>	2/24/10	<i>Date Reviewed/ Revised:</i>	1/29/20	<i>Area of Responsibility:</i>	Human Resources	<i>Version:</i>	3
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PURPOSE: In an effort to establish a uniform policy to outline the necessary steps for voluntary resignation from Sun Health.

POLICY:

Notice: Upon voluntary resignation, employees are required to give at least 14 days’ notice in advance of the final workday. Supervisory level personnel and above are required to give at least 30 days’ notice. In the event of special circumstances or emergencies, a shorter period may be accepted if approved by the Executive Director or senior leader. All resignations should be submitted in writing.

Resignation PTO Payout:

- **Exempt (Salaried) Employees:** PTO and PST are not eligible for payout for any reason.
- **Non-Exempt (Hourly) Employees:** PST hours are not eligible for payout for any reason. Employees who have given and completed appropriate notice (see above) and returned all company property will be paid for unused PTO as determined by the following schedule:

<1 year of service NO PAY OUT
 1<2 years of service 120 hours + 25% of the hours over 120 hours (**maximum to be paid=150 hours**)
 2<5 years of service 160 hours + 37.5% of the hours over 160 hours (**maximum to be paid=190 hours**)
 5<10 years of service 200 hours +75% of the hours over 200 hours (**maximum to be paid =230 hours**)
 10+ years of service **240 hours maximum**

Work Schedule: Employees must work their normal schedule during the notice period, and prior approved PTO time off will be canceled. Only absences that qualify as a protected paid sick day (PST) will be paid if the employee has a sufficient balance of PST or PTO.

Final Paycheck: Employees final pay check will be paid in which ever form elected (direct deposit or live check) and will be available on the regularly scheduled pay date for the pay period. The final paycheck will reflect the entire employee benefit premium for the final month of benefits where applicable.

RELATED POLICIES OR REFERENCES: *Paid Time Off: Exempt (Salaried) Employees; Paid Time Off: Non-Exempt (Hourly) Employees; Paid Sick Time.*



FORM: Voluntary Resignation

Revised 1/29/20

I hereby give written notice of my intention to voluntarily terminate my employment with Sun Health. I further agree to release Sun Health from any and all claims which may exist in connection with or arising out of the employment relationship between myself and Sun Health.

I also acknowledge that I am required to work as scheduled during this notice period in order to be paid available PTO hours (per the payout schedule) if I am a non-exempt employee. If I am an exempt employee I understand I am not eligible to receive any payout of PTO according to company policy.

My signature below acknowledges that I have reviewed, understand and accept the requirements outlined in the company policies available on the Sun Health Employee Portal.

My last day of work will be: _____

Reason for leaving: Circle indicate the reason below and if the reason is not present or more space is needed to explain please attach a resignation letter outlining your reason for resigning and any feedback you are willing to provide.

Compensation

Personal Illness

Returning to School

Other Job-Compensation

Personal

Scheduling Issues

Other Job-Different Field

Relocation

Unavailable for Work

Other Job-Promotion

Retirement

Working Conditions

Other (please explain): _____

Employee Printed Name

Employee Signature

Date

Direct Manager Printed Name

Direct Manager Signature

Date

Secondary Manager Signature

Date

Human Resources Signature

Date