

WRIGHT STATE UNIVERSITY



Leaving The University

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About This Booklet

This is a resource to help you transition from Wright State University. The following pages review important information about pay and benefits, insurance enrollment and continuation options (if available), retirement participation, an exit checklist and an exit questionnaire.

In the event of a conflict between this booklet and the applicable plan or Wright Way Policy, the plan or the policy will control.

Wright State University

Human Resources Department

203 University Hall

3640 Colonel Glenn Hwy.

Dayton, OH 45435-0001

Phone: (937) 775-2120 | **Fax:** (937) 775-3040

Email: HR-Benefits@wright.edu

Website: www.wright.edu/hr



Important Information About Pay and Benefits

Your final check will be directly deposited into your bank account. Contact HR at (937) 775-2120 or Payroll at (937) 775-2249 to change your direct deposit information.

Tax Withholding (W-2)

If you consented to receive your W-2 electronically, it will be available on WINGS Express on or before January 31st. Paper copies will be mailed by February 1st. If you have any questions, please contact the Payroll Department at (937) 775-2249.

Forwarding Address

If you plan to relocate, you should notify the University of your new mailing address by changing your home address on [WINGS Express](#) prior to leaving the University. This will ensure timely delivery of your W-2 form.

Vacation Leave Payout

Upon termination, 100 percent FTE **fiscal faculty** and **unclassified staff** shall be paid for all earned but unused vacation hours up to the maximum accrual permitted based on length of service. The maximum cash payment for those terminating employees who worked less than 100 percent FTE is determined on a prorated basis and cannot exceed that amount of vacation time that could have been earned in a two-year period.

Please contact your assigned [HR Operations Analyst](#) to determine eligibility and payout amount.

Special-contract employees (fiscal faculty and unclassified) shall receive no payment for unused vacation upon separation. All accrued vacation should be used during the contract period at times mutually agreed upon by the employee and the supervisor.

Upon termination and completion of one year of service, **classified non-exempt staff** employed at least 1,045 hours in a twelve-month period (at least 51 percent FTE) shall be paid for all unused vacation up to the maximum accrual permitted based on length of service.

Please contact your assigned [HR Operations Analyst](#) to determine eligibility and payout amount.

Sick Leave Payout

After ten years of state service and upon retirement or death, an employee or his/her estate may receive a cash settlement equivalent to one-fourth of the value of accrued but unused sick leave up to a maximum of one-fourth of 120 days. In no case shall payment exceed 30 days (240 hours). TMAIN employees should refer to their Bargaining Unit Agreement for payout policy. Payment is based upon the employee's rate of compensation at the time of retirement or death. Such payment eliminates all sick leave credit of the employee.

A retirement payout for sick leave shall be made only once to any employee. An employee who returns to state service after retirement and receipt of cash payment for sick leave credit may accrue and use sick leave as before, but may not receive a cash settlement for the unused sick leave at the time of a second retirement.

Please contact your assigned [HR Operations Analyst](#) to determine eligibility and payout amount.

Deferring Sick and/or Vacation Payout

If you are eligible to receive a sick and/or vacation payout, you can defer any portion of your payout into a 403(b) and/or 457(b) up to the IRS annual limit. To do so you must send an email to HR-Benefits@wright.edu indicating the amount to defer and which account to defer (403(b) and/or 457(b)). This email must be sent on or before the deadlines on the applicable [Bi-Weekly Payroll Schedule](#) or [Monthly Payroll Schedule](#) that correspond with your final pay date. You will receive a confirmation email once the change has applied. It is your responsibility to review the confirmation email to ensure accuracy.

Tuition Remission

An employee, spouse or dependent who is eligible for tuition remission on the first day of classes of an academic term remains eligible for that academic term even if the employee separates from service with Wright State University during the period of the term. ([Wright Way Policy 4205.2](#))

Retirees with ten or more years of Wright State service receive post-retirement tuition remission. If you and/or your dependents are eligible for fee remission benefits at the time of your retirement, you will be eligible for 80% of fee remission after retirement.

Employee Assistance Program (EAP)

IMPACT Solutions extends EAP services for 90 days following separation of employment at no cost. EAP services include:

- 24/7 live toll-free telephone access to licensed and experienced counselors offering guidance, counseling, problem-solving and referral services
- A customized local/national provider network offering face-to-face counseling

Contact the EAP by phone at (800) 227-6007, or find the EAP on the [Impact Solutions](#) website.

Login Instructions:

- Enter your username as "wsu fsap" in all lowercase letters.
- Click "Submit"



Insurance

Medical, Dental and/or Vision

Your healthcare coverage (if enrolled) will end on the last day of the month in which you separate from Wright State. For example, if your last day is January 15, your healthcare coverage will end on January 31. You and your dependents may continue health benefits through the Consolidated Omnibus Budget Reconciliation Act (COBRA) for 18 months.

COBRA

If you participate in the employee health care plans, you will be offered the opportunity to continue your Healthcare coverage under COBRA (the Consolidated Omnibus Reconciliation Act of 1986). You will receive a letter from the University’s COBRA administrator, which provides you with information on your rights under COBRA, the cost of coverage and an election form. The letter, cost of coverage, and election form will be sent to your home address. You will then have 60 days from the date on the letter to elect COBRA continuation coverage. You have an additional 45 days from the date of election to make your first premium payment. COBRA continuation coverage will be effective the first of the month following the date your coverage ends. If you have any questions about your COBRA coverage, please contact Chard Snyder directly at (888) 993-4646.

Health Savings Account (HSA)

Your participation in the Health Savings Account will end on the last day of the month in which you separate from Wright State. After leaving the University, you will be responsible to pay the monthly HSA service fees, which are based on the average daily balance of your account (see fee schedule below).

Average Daily Balance	Monthly Fee
\$500 or less	\$3.50
\$500.01 - \$2,000	\$3.00
\$2,000.01 - \$3,000	\$2.50
\$3,000.01 - \$4,000	\$2.00
Above \$4,000	\$0.00

If you have any question about your HSA account, please contact Fifth Third at (888) 350-5353. You also have the option to rollover your HSA funds to an HSA account with another bank or credit union.

Healthcare Flexible Spending Account (FSA)

Your participation in the Health Care Flexible Spending Account (if enrolled) will end on your separation date. Only eligible expenses incurred through your separation date may be submitted for reimbursement. myCafeteriaPlan **must** receive your claims for eligible expenses (expenses incurred from January 1 of the current plan year through your last day) within 90 days of your of your separation date. Please be aware that you will forfeit any funds left in your account after the filing deadline. If you have any questions regarding your FSA, please contact myCafeteriaPlan at (937) 865-6500.

You will be offered the opportunity to continue your Health Care Flexible Spending Account coverage under COBRA (the Consolidated Omnibus Reconciliation Act of 1986). By enrolling for COBRA, you can continue your participation through the end of the calendar year in which you separate employment by making after-tax contributions to your account through Chard Snyder, our COBRA Administrator. You will receive a letter from Chard Snyder, which will provide you with information on your rights under COBRA, the cost of coverage, and an election form. The letter and election form will be sent to your home address. You will then have 60 days from the date on the letter to elect COBRA Continuation coverage. You will have an additional 45 days from the date of election to make your first premium payment. COBRA Continuation coverage will be effective the day following your separation date. If you have any question about your COBRA coverage please, contact Chard Snyder at (888) 993-4646 or email Cobra@chard-snyder.com.

Dependent Care Flexible Spending Account (FSA)

Your participation in the Dependent Care Flexible Spending Account (if enrolled) will end on your separation date. Only eligible expenses incurred through your separation date may be submitted for reimbursement. myCafeteriaPlan **must** receive your claims for qualifying dependent care expenses (expenses incurred from January 1 of the current plan year through your last day) within 90 days of your separation date. Please be aware that you will forfeit any funds left in your account after the filing deadline. If you have any questions regarding your FSA, please contact myCafeteriaPlan at (937) 865-6500.

Short Term Disability

Your participation will end on your separation date (if enrolled). There is no conversion privilege for this benefit.

Long Term Disability

Your coverage will end on your separation date. There is no conversion privilege for this benefit.

Group Life Insurance

Your group life insurance coverage will end on your separation date. You may convert your group life insurance to an individual whole life policy with the UNUM. You must make this election with 31 days of your separation date. Premiums will be at UNUM's regular rates used at the time your new policy is issued, depending on your age at the time you convert. Please contact UNUM's Customer Care team at (866) 220-8460 for more information (enrollment form, rates and premiums) regarding your conversion privileges.

Supplemental Term Life Insurance

Your supplemental group term life insurance coverage will end on your separation date (if enrolled). You may continue your term life insurance with UNUM. You must make this election within 31 days of your separation date. Please contact UNUM's Customer Care team at (866) 220-8460 for more information (enrollment form, rates and premiums) regarding your conversion privileges.

Supplemental Dependent Life Insurance

Your dependent life insurance coverage will end on your separation date. You may continue your dependent life insurance with UNUM. You must make this election with 31 days of your separation date. Please contact UNUM's Customer Care team at (866) 220-8460 for more information (enrollment form, rates and premiums) regarding your conversion privileges.



Retirement

Ohio Public Employees Retirement System (OPERS)

Your participation in OPERS (if enrolled) will end on your separation date. Contributions made by Wright State University to your OPERS account and your contributions will cease with your final paycheck. Please contact OPERS at (800) 222-7377 to discuss options. Your vesting schedule is determined by the Plan you are enrolled in.

Please contact OPERS to confirm your Plan and vesting schedule.

State Teachers Retirement System (STRS)

Your participation in STRS (if enrolled) will end on your separation date. Contributions made by Wright State University to your STRS account and your contributions will cease with your final paycheck. Please contact STRS at (888) 227-7877 to discuss options. Your vesting schedule is determined by the Plan you are enrolled in.

Please contact STRS to confirm your Plan and vesting schedule.

Alternative Retirement Plan (ARP) 401(a)

Your participation in ARP (if enrolled) will end on your separation date. Contributions made by Wright State University to your ARP account and your contributions will cease with your final paycheck. Please contact your ARP vendor to discuss your options.

ARP Vesting Schedule: Employee and employer contributions are immediately vested.

Supplemental Retirement 403(b) & 457(b)

Your contributions to your account(s) will cease with your final paycheck. Please contact your Supplemental Retirement vendor to discuss your options.

403(b) & 457(b) Vesting Schedule: Employee contributions are immediately vested.

Leaving Wright State University: Employee Exit Checklist

(To be completed by employee)

Employee Name:

UID:

Department Name:

Date of Exit:

The following checklist is provided to assist all Wright State employees with the exit process. Employees leaving the University should be aware of their benefits and options for continuation of benefits, if applicable. In addition, departing employees have an obligation to return all University property assigned to them. Please contact HR if you have any questions during the exit process. (Items on the checklist may not apply to all employees.)

You should review the “Leaving the University Guide” before making any decisions.

<i>Employee Responsibilities</i>	<i>Done</i>	<i>N/A</i>
Provide written notice of departure to supervisor		
Return keys to supervisor		
Turn in Wright1 Card to Human Resources (203 University Hall)		
Return any other University property (purchasing card, laptop, uniforms, lab equipment, etc.)		
Complete final leave report/time sheet		
Ensure that all personal belongings have been cleared out, prior to leaving on your last day		
Update your voicemail and email automatic reply on your last day with instructions for stakeholders to contact your supervisor or approved designee		
Update home address information in WINGS Express if moving		
Return parking permit to Parking & Transportation (065 Allyn Hall)		
Decide what actions to take regarding benefits termination or continuation and initiate necessary requirements within stated deadlines		
Complete Exit Questionnaire via an online survey or a fillable PDF and submit to Human Resources (203 University Hall)		

Exit Questionnaire

Wright State University believes that your employment with the University is valuable and would like to learn more about your time here as part of our ongoing efforts to enhance others' experiences going forward.

We ask that you complete this questionnaire. The information you provide will be kept in a confidential file and used only in generalized, non-identifiable ways.

You may either print off the questionnaire to complete and forward to HR at 203 University Hall, or [CLICK HERE](#) for an online survey.

Section One (General Information)

1. Contact Information:

Name (optional):

Email Address (optional):

2. Last date you worked at the University:

3. School/Division/Department Name:

4. Job Title:

5. Gender

☐ Female

☐ Male

6. Race

☐ American Indian/Alaskan Native

☐ Asian

☐ Black/African American

☐ Hispanic/Latino

☐ Native Hawaiian/Pacific Islander

☐ White

☐ Do not wish to identify

7. Age

☐ Under 30

☐ 30-44

☐ 45-59

☐ 60 and over

8. Length of Service with WSU

☐ Less than 5 years

☐ 5-9 years

☐ 10-14 years

☐ 15-19 years

☐ 20-24 years

☐ 25-29 years

☐ 30 or more years

9. Employment Type

☐ Faculty

☐ Staff

Section Two (Survey Questions)

10. What initially attracted you to working at WSU? (Check all that apply)

- ☐ Challenging Position
- ☐ Career/Promotional Opportunity
- ☐ Competitive Salary
- ☐ Benefits Programs
- ☐ Retirement Program
- ☐ Research Interest
- ☐ Work Environment
- ☐ Geographic Location
- ☐ Continuing Education
- ☐ Other (please specify)

11. Would you recommend Wright State University as an employer to a friend or colleague?

- ☐ Yes
- ☐ No

Why or why not?

12. How much did each of the following influence your decision to leave the University?

	Not at all	Somewhat	Moderately	Moderately Strong	Strongly
Educational Opportunities					
Salary					
Work Load					
Career Change					
Family Circumstances					
Found Better Job					
Working Condition					
Supervisory Problems					
Benefits					
Lack of Appreciation for Services					
Retirement					
Discrimination					
Lack of Training/Professional Development					
Direction of the University					
Health Related Reasons					
Advancement Opportunities					
Problems with Co-workers					
Spouse/Partner Transferred					

Exit Questionnaire

13. Please indicate how you feel about the following as they applied to your most recent position at WSU. Check one box for each row.

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
Benefits Program					
Communication					
Co-workers					
Diversity of Staff					
Geographic Location					
Meaningful Work					
Opportunities for Advancement					
Opportunities for Development					
Quality of Supervision					
Recognition					
Salary					
Work Environment					

14. What were the MOST satisfying aspects of your work experience at WSU?

Exit Questionnaire

15. What were the LEAST satisfying aspects of your work experience at WSU?

16. I would characterize my level of engagement while at WSU as:

☐ Fully Engaged ☐ Somewhat Engaged ☐ Disengaged

17. Please provide any additional comments regarding your employment at WSU.

Thank you for taking the time to provide your feedback. Human Resources appreciates your willingness to share your experience with us.

If you have any questions, please contact Human Resources at (937) 775-2120 or human_resources@wright.edu.